MISSION

Okanogan County Sheriff's Office Mission statement

PREFACE

1. "This manual is designed only to be a general guide to some key policies. The County of Okanogan hopes this manual is and will continue to be helpful to you and assist you in having a better understanding of the operations of the Okanogan County Sheriff's Office. Please refer to this manual on a regular basis. Or personnel policies will change from time to time to meet the needs of our employees and the public. This manual in not intended to create any contractual or other legal rights. It is designed solely as a guide and does not alter your employment status. Periodically, this manual may be revise and updated. Additionally, no supervisor has the authority to make verbal changes in this manual. Any changes must be approved by the Sheriff of Okanogan County.

2. "These policies are for internal use only, and do not enlarge an officer's civil or criminal liability in any way. They should not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third party claims. Violations of these policies, if proven, can only form a basis of a complaint by this agency, and then only in a non-judicial administrative setting."

3. "This manual is loaned to each Sheriff's employee; however, this manual is the sole property of the Okanogan County Sheriff's Office. Upon leaving employment, this book and its contents must be returned to the Sheriff."

Our Mission: To protect all people, keep the peace,
and uphold the Constitution of the United States.

Our Core Values: Integrity, Vigilance, Teamwork

Our Vision: To be the premier law enforcement agency in the
Pacific Northwest, achieving the highest level of public service.

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Chapter 1 - Role and Authority

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Authority and Legal Assistance

100.1 PURPOSE AND SCOPE

This policy acknowledges and reflects the legal authority under which the Okanogan County Sheriff's Office shall operate and maintain a local detention facility in this state. In addition to the authority vested by state law, the jail operates in accordance with these laws, constitutional mandates, regulations and local ordinances (RCW 70.48.180 and RCW 70.48.190).

100.2 POLICY

It is the policy of this Office that the local detention facility will be maintained by all lawful means for the incarceration of persons suspected of violating the law or who have been adjudicated as guilty of committing a crime or civil offense by a competent legal authority, as prescribed by law.

100.3 LEGAL FOUNDATION

Jail staff, at every level must have an understanding and true appreciation of their authority and limitations in the operation of a local detention facility. The Okanogan County Sheriff's Office recognizes and respects the value of all human life and the expectation of dignity without prejudice toward anyone. It is also understood that vesting law enforcement personnel with the authority to incarcerate suspected law violators to protect the public and prevent individuals from fleeing justice requires a careful balancing of individual rights and legitimate government interests.

100.3.1 PEACE OFFICER POWERS

The arrest authority of the Okanogan County Sheriff's Office includes (RCW 10.31.100):

(a) When the peace officer has probable cause to believe that a person has committed or is committing a felony shall have the authority to arrest the person without a warrant.

(b) A peace officer may arrest a person without a warrant for committing a misdemeanor or gross misdemeanor only when the offense is committed in the presence of an officer, except as provided in RCW 10.31.100.

(c) A peace officer may arrest a person in compliance with an arrest warrant.

100.4 LEGAL ASSISTANCE

The following are examples of areas where the services of the County Attorney and legal specialists can be of benefit to the Office:

(a) Analyze and alert the correctional facility executive and management team to correctional facility-related case law.

(b) Serve as a legal consultant in the construction and review of new correctional facility policies and procedures.

(c) Serve as a legal consultant on issues related, but not limited to the following:

1. Use of force
2. Faith-based requests
3. Complaints and grievances

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4. Allegations of abuse by staff
5. Americans with Disabilities Act (ADA) issues, policies and procedures

(d) Serve as legal counsel in legal matters brought against this office and the Sheriff.

100.4.1 LEGAL LIAISON

The Sheriff will designate one or more staff to act as a liaison between the Office and the County Attorney's office. The legal liaison officer will provide an orientation of the facility and detention facility policies to representatives of the County Attorney's office as needed. The liaison officer will arrange for regularly scheduled meetings in order to provide an ongoing status report of facility issues to the legal counsel. The liaison officer will maintain an open relationship with legal counsel to move quickly on emerging facility issues that could have significant legal implications for the Office.

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Annual Review and Performance-Based Goals and Objectives

101.1 PURPOSE AND SCOPE

The Okanogan County Sheriff's Office is dedicated to the concept of continuous improvement in the services provided on behalf of the public and in accordance with applicable laws, regulations and best practices in the operation of this facility. This policy establishes minimum review criteria to measure and evaluate the success of achieving established goals and objectives.

101.2 POLICY

The Okanogan County Sheriff's Office shall strive to continually improve the operation of its facilities to ensure they are safe, humane and protect inmates' constitutional and statutory rights. To this end the Office shall conduct an annual review to evaluate its progress in meeting stated goals and objectives.

101.3 ANNUAL REVIEW

The custody management team will conduct an annual management review:

(a) Statutory, regulatory and other requirements applicable to the operation of the facility.

(b) Lawsuits and/or court orders/consent decrees.

(c) Office policies, procedures, directives and post orders that guide the operation of the facility.

(d) Fiscal operations and accounting procedures.

(e) Personnel issues/actions that include, but are not limited to, on-the-job injuries, use of force events, internal affairs investigations, employee grievances, employee discipline, selection and recruitment.

(f) Compliance with internal/external inspections of the facility.

(g) Condition of the physical plant, infrastructure and maintenance efforts.

(h) Cleanliness of the facility.

(i) Inmate profiles and trends that include:

1. Inmate population (Average Daily Population)
2. Inmate population by gender
3. Highest one-day count
4. Bookings/releases
5. Percentage of male inmates
6. Percentage of female inmates
7. Felony inmates in custody
8. Misdemeanor inmates in custody

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9. Pre-trial population
10. Sentenced population
11. Medical beds
12. Mental health beds
13. Meal counts (regular, medical, court meals)
14. Early releases
15. Alternative-to-incarceration participants
16. Special needs inmates
17. Classification issues
18. Inmate grievances (founded/denied)
19. Demographics (age, race, gang affiliation)
20. Court movement

(j) Security issues that include:

1. Inmate-on-inmate assaults
2. Inmate-on-staff assaults
3. Major disturbances
4. Deaths in custody (natural/suicide/homicide/accidents)
5. Suicide attempts

(k) Inmate programs including:

1. Education
2. Commissary
3. Drug and alcohol programs
4. Faith-based services

101.4 CRITERIA TO MEASURE PERFORMANCE

The following items will be used to measure and evaluate the level of success in achieving the office's stated goals:

(a) Fiscal year budget surpluses or successful operations even with budget reductions

(b) Findings from independent financial audits

(c) Inmate grievances

(d) Documentation that office investigators have completed the required specialized training in conducting sexual abuse investigations (28 CFR 115.34)

(e) Documented training hours received by staff

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(f) Completed audits of the policy and procedures manuals

101.5 MANAGEMENT REVIEW PROCESS

The management team may employ several methods to assess performance, including the following:

(a) **Performance analysis** - Performance analysis attempts to discover discrepancies between the expected and actual levels of performance. This analysis should focus on whether the practices in this facility are meeting the mission of the Office and whether office policies and procedures are in alignment with statutes, regulations and court orders.

(b) **One-to-one interviews** - Scheduled interviews with custody staff held in private to encourage candid responses, to help identify issues or conditions that should be targeted for review or correction.

(c) **Questionnaires** - Questionnaires should be used as a group method to solicit suggestions and information about what operations are in need of adjustment or where program resources should be directed.

(d) **Staff debriefing** - Staff should be periodically debriefed, especially after an emergency operation or incident, to identify aspects of facility operations that may need to be addressed by the Chief Corrections Deputy and supervisors.

(e) **Inspection findings** - The Office is subject to a variety of administrative inspections (standard-setting authorities, command staff, grand jury, jail advocates). These annual inspections should be used to identify ongoing issues in the operation of this facility.

101.6 MANAGEMENT REVIEW RESULTS

To the extent reasonably practicable the individuals responsible for the development of a management review should follow the guidelines established in the Administrative Communications Policy and Annual Facility Inspection Policy to document and support the findings. A complete report of the review results should be submitted to the appropriate level in the chain of command for final approval.

The results of management reviews should be used in the ongoing process of continuous improvement. They should be used to direct changes in the operation of this facility or to identify successful operations that might be replicated in other areas of the facility. They should not, however, include specific identifying information of incidents or involved individuals.

The results of management reviews shall be made available to all personnel and also may be used in full or in part to respond to inquiries from interested groups, such as the local legislative body, courts or others, to provide information on issues concerning the operation of this facility, including action planning whenever appropriate.

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101.7 AVAILABILITY OF WRITTEN GOALS AND OBJECTIVES

The Facility Manager should ensure that the written goals and objectives of the office are available to all personnel.

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Custody Manual

102.1 PURPOSE AND SCOPE

The Custody Manual is a statement of the current policies, rules, and guidelines of this office's jail. All prior and existing manuals, orders, and regulations that are in conflict with this manual are revoked, except to the extent that portions of existing manuals, orders, and other regulations that have not been included herein shall remain in effect where they do not conflict with the provisions of this manual.

Except where otherwise expressly stated, the provisions of this manual shall be considered guidelines. It is recognized, however, that work in the custody environment is not always predictable, and circumstances may arise that warrant departure from these guidelines. It is the intent of this manual to be viewed from an objective standard, taking into consideration the sound discretion entrusted to members of this office under the circumstances reasonably known to them at the time of any incident.

102.2 POLICY

The manual of the Okanogan County Sheriff's Office jail is hereby established and shall be referred to as the Custody Manual. All members are to conform to the provisions of this manual.

102.2.1 DISCLAIMER

The provisions contained in the Custody Manual are not intended to create an employment contract nor any employment rights or entitlements. The policies contained within this manual are for the internal use of the Okanogan County Sheriff's Office and shall not be construed to create a higher standard or duty of care for civil or criminal liability against the county, its officials or members. Violations of any provision of any policy contained within this manual shall only form the basis for office administrative action, training or discipline. The Okanogan County Sheriff's Office reserves the right to revise any policy content, in whole or in part.

102.3 RESPONSIBILITIES

The Sheriff shall be considered the ultimate authority for the provisions of this manual and shall continue to issue Interim Directives which shall modify the provisions to which they pertain. Interim Directives shall remain in effect until such time as they may be permanently incorporated into the manual.

The Chief Corrections Deputy shall ensure that the Custody Manual is reviewed annually, updated whenever necessary, and staff trained accordingly to ensure that the policies in the manual are current and reflect the mission of the Okanogan County Sheriff's Office. The review shall be documented in written form sufficient to indicate that policies and procedures have been reviewed and amended as appropriate to facility changes (RCW 70.48.071).

102.3.1 COMMAND STAFF

The command staff should consist of the following:

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- Sheriff
- Undersheriff
- Chief Corrections Deputy

102.3.2 OTHER PERSONNEL

Line and supervisory staff have a unique view of how policies and procedures influence the operation of the facility and therefore are expected to bring to the attention of their supervisors issues that might be addressed in a new or revised policy.

All members suggesting revision of the contents of the Custody Manual should forward their suggestions, in writing, through the chain of command, to the Chief Corrections Deputy, who will consider the recommendation.

102.4 DEFINITIONS

The following words and terms shall have these assigned meanings, unless it is apparent from the content that they have a different meaning:

Office - The Okanogan County Sheriff's Office.

Custody Manual - The Office Custody Manual.

Corrections officer - An officer certified by the Criminal Justice Training Commission whose primary job function is to provide for the custody, safety, and security of adult persons in jails (RCW 43.101.010).

Employee - Any person employed by the Office.

May - Indicates a permissive, discretionary, or conditional action.

Member - Any person employed or appointed by the Okanogan County Sheriff's Office including:

- Full- and part-time employees.
- Corrections Deputy.
- Reserve corrections deputy.
- Non-Commissioned employees.
- Volunteers.

Corrections Deputy - All persons, regardless of rank, who are employees and who are selected and trained in accordance with state law as corrections deputy of the Okanogan County Sheriff's Office.

On-duty employee - Status during the period when they are actually engaged in the performance of their assigned duties.

Order - A written or verbal instruction issued by a superior.

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Peace officer (also known as a general authority Washington peace officer) - Any fully compensated and elected, appointed, or employed officer of a general authority Washington law enforcement agency who is commissioned to enforce the criminal laws of the state (RCW 10.93.020).

Rank - The job classification title held by a corrections deputy.

Shall or will - Indicates a mandatory action.

Should - Indicates a generally required or expected action, absent a rational basis for failing to conform.

102.5 DISTRIBUTION OF MANUAL

Copies of the Custody Manual shall be made available to all members. An electronic version of the Custody Manual will be made available to all members.

No changes shall be made to the electronic version without authorization from the Sheriff or Chief Corrections Deputy.

102.6 MANUAL ACCEPTANCE

As a condition of employment, all members are required to read and obtain necessary clarification of this office’s policies. All members are required to sign a statement of receipt acknowledging that they have received a copy or have been provided access to the Custody Manual.

102.7 REVISIONS TO POLICIES

All members are responsible for keeping abreast of all Custody Manual revisions. All changes to the Custody Manual will be posted for review prior to implementation. The Corrections Chief will forward revisions to the Custody Manual as needed to all personnel via electronic mail. Each member shall acknowledge receipt by or online acknowledgement, review the revisions and seek clarification as needed.

Each supervisor will ensure that members under his/her command are familiar with and understand all revisions.

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Chapter 2 - Organization and Administration

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Financial Practices

200.1 PURPOSE AND SCOPE

The Chief Corrections Deputy shall prepare and present a budget request that ensures an adequate allocation of resources for facility operations and programming for the budget cycle. Budget requests shall be prepared in the manner and detail prescribed by the Office. Service goals and objectives should be delineated in the budget plan.

200.2 POLICY

One of the Chief Corrections Deputy's responsibilities includes the development of a budget plan, submitting the plan to the County Commissioners and monitoring the facility's progress toward meeting its budget objectives throughout the budget cycle.

A fiscal system has been established that accounts for all income and expenditures on an ongoing basis. Methods for collecting, safeguarding and disbursing monies shall comply with established accounting procedures.

200.3 BUDGET PLAN

Once completed, the budget plan will be submitted to the Treasurer's Office for review and approval and/or returned to the Office for additional development. Once the budget plan has been approved by the County Commissioners or the authorized designee, the Office may initiate expenditures in accordance with the plan.

200.4 PAYMENT REQUESTS FOR STATE INMATES

Any detention facility housing an inmate who is the financial responsibility of the state shall complete the Department of Corrections form noting the identity of the inmate, the type of state responsibility, the method of notification for availability for movement and the number of days for which the state is financially responsible (RCW 70.48.450).

200.5 TRANSFERRING FUNDS AMONG BUDGET CATEGORIES

Unless otherwise specified, the transfer of funds among budget categories may require the approval of the County Commissioners.

200.6 FINANCIAL AUDITS

The Sheriff should ensure that a financial audit of the facility is conducted annually. The audit shall conform to generally accepted auditing standards.

200.6.1 FINANCIAL AUDITS OF THE INMATE WELFARE FUND

An annual financial audit of the Inmate Welfare Fund should be conducted and shall include the office's budget and any monies placed into the Inmate Welfare Fund. The methods used for collecting, safeguarding and disbursing monies, including inmates' personal funds held by the facility, shall comply with accepted accounting procedures.

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200.6.2 POSITION CONTROL

Position control is the process used by the Office to exercise control over the size and cost of its workforce. It ensures that any new, regular employee added to an agency's payroll basis is filling a position that has been approved and budgeted, and that the rate of pay for the position is within the salary range for the job classification in which the position resides (RCW 41.14.140).

200.7 STAFFING PLAN

The Chief Corrections Deputy should maintain an up-to-date staffing plan for the purpose of exercising position control. The staffing plan should include a comprehensive list of all positions in this facility. Each position has a descriptive job title that is associated with a description of the position's duties and responsibilities. Each position will have a written job description for all position classifications and post assignments that define responsibilities, duties and qualifications

The Chief Corrections Deputy should adhere to the following strategies for the management of position control and personnel costs (RCW 41.14.140):

(a) Ensure that this facility is staffed with the appropriate number and type of staff. The proper allocation and deployment of staff across shifts and functional units is essential. In addition, the availability of the right classification of staff (e.g., custody staff supervising inmates, maintenance staff performing maintenance, food service staff preparing meals) with the appropriate job skills and training enhances efficiency.

(b) Strategically time the filling of newly authorized positions or vacancies in current positions. Strategic timing is important throughout the budget year to create vacancy savings that can be used to address current budget year shortfalls.

(c) Manage the use of overtime carefully. The historical use of overtime should be tracked to make the case for additional staff and/or to provide sufficient funding in an overtime line item. The use of overtime should also be monitored at regular intervals to verify that it is being used within projected levels.

(d) Manage the use of part-time staff. The number of hours worked by part-time staff should be monitored to ensure that part-time employees are not working in excess of what has been authorized (e.g., a part-time employee should be working no more than an average of 20 hours per week).

(e) Establish and maintain procedures to ensure the accuracy and integrity of payroll documentation. Time cards, time sheets and related documentation should reflect actual hours worked. Supervisory approval should be required prior to payment.

(f) Consider the impact of position upgrades on the entire job classification. An upgrade for one position may set the stage for upgrades of similar positions within the same job classification.

(g)

200.7.1 INSURANCE REQUIREMENTS

The Office shall ensure, by way of office risk managers, the procurement of adequate liability coverage of the jail operations. Coverage shall include, at minimum, workers’ compensation, civil liability and the public employee blanket bond in accordance with applicable law.

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Supervision of Inmates - Minimum Requirements

201.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure the safety and security of the facility through the application of appropriate staffing levels.

201.2 POLICY

It is the policy of this facility to provide for the safety and security of citizens, staff and inmates through appropriate staffing levels that are sufficient to operate the facility and perform functions related to the safety, security, custody and supervision of inmates. In an effort to protect the dignity and privacy rights of the inmates and to comply with existing case law, at least one member of the same sex of each inmate represented in the population will be on-duty whenever possible.

201.3 SUPERVISION OF INMATES

There should be, at all times, sufficient staff designated to remain in the facility for the supervision and welfare of inmates, to ensure the implementation and operation of all programs and activities and to respond to emergencies when needed. Such staff must not leave the facility while inmates are present and should not be assigned duties that could conflict with the supervision of inmates.

When both male and female inmates are held at this facility, a minimum of one male and one female should be on-duty whenever possble.

Staff members shall not be placed in positions of responsibility for the supervision and welfare of inmates of the opposite sex in circumstances that can be described as an invasion of privacy or that may be degrading or humiliating to the inmates. Staff used as program resource personnel with inmates should be of the same sex as the inmates when reasonably available.

The Chief Corrections Deputy or the authorized designee shall be responsible for developing staffing plans to comply with this policy. Records of staff deployment should be maintained in accordance with established records retention schedules.

201.4 SEPARATION OF DUTIES

Maintenance personnel are employed to perform preventive, routine and emergency maintenance functions. Custody staff will not be given physical plant maintenance duties that distract from their primary responsibility of supervising inmates.

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Prohibition on Inmate Control

202.1 PURPOSE AND SCOPE

The purpose of this policy is to define the requirement that staff should at all times exercise control of the inmate population under their supervision and should prevent inmates from controlling other inmates within the facility.

202.2 POLICY

All staff, including support staff, contractors and volunteers should exercise control and supervision of all inmates under their control. It is the policy of this office to prohibit any staff member to implicitly allow, or by dereliction of duty allow, any inmate or group of inmates to exert authority over any other inmate.

202.3 EDUCATION, DRUG OR ALCOHOL PROGRAM ASSISTANTS

Nothing in the policy is intended to restrict the legitimate use of inmates to assist in the instruction of educational or drug and alcohol programs. Any use of inmates in this manner will be expressly authorized by the Chief Corrections Deputy in a legally prescribed manner. Any program that uses inmates to assist in legitimate program activities will be closely supervised by facility employees or vocational instructors. Nothing in this section is intended to authorize an inmate program assistant to engage in disciplining other inmates.

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Equipment Inventory and Supplies

203.1 PURPOSE AND SCOPE

This facility must have the materials, supplies and equipment that are necessary to maintain effective and efficient operations. This policy establishes responsibilities and requirements for purchasing, storing and inventory of those items.

203.2 POLICY

The Chief Corrections Deputy shall ensure that all jail property and fixed assets are inventoried annually and that all supplies purchased are reconciled with the invoice, in accordance with the limits set by the auditor, prior to payment.

The Jail maintains a secure storage area for the purpose of storing supplies and equipment. The Chief Corrections Deputy shall maintain oversight of the area.

With the exception of medical supplies, which are ordered by the medical staff, the Treasurer's Office is responsible for the purchasing and acquisition of materials and equipment for this facility. Supplies and equipment that are not needed for immediate use should be stored in a secure storage area.

203.3 PURCHASING

The Chief Corrections Deputy, along with the County Auditor, is responsible for managing the purchasing process to ensure that amounts and types of purchases fall within budget parameters. The Chief Corrections Deputy must also ensure that this facility's purchasing process complies with applicable laws, regulations and office policies.

Personnel with spending authority should adhere to the following strategies:

(a) Be knowledgeable about the county's requirements and procedures for purchasing goods and services.

(b) Establish a working relationship with this facility's purchasing agent.

(c) Provide the purchasing agent with information describing the types of goods and services required to operate the facility.

(d) Ensure that staff with spending authority follow procedures that outline the process for submission and approval of purchase requisitions.

(e) Review purchase requisitions to verify the need, urgency and priority.

(f) Monitor service contracts to ensure that this facility is receiving the scope and quality of services specified in the contract.

(g) Regularly monitor expenditures to make certain the purchase of goods and services is charged to the appropriate accounts and within budget limits.

(h) Keep purchase records to maintain the integrity and availability of purchasing documents, including requisitions, purchase orders, receiving reports and invoices.

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203.4 EQUIPMENT INVENTORY

The Chief Corrections Deputy or authorized designee will conduct an audit on all supplies and equipment annually. All losses will be reported by the Sheriff to the County Commissioner. The Treasurer's Office may also conduct an interim audit on all fixed assets in order to maintain a complete and accurate accounting of equipment and its location.

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Tool and Culinary Equipment Control

204.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a tightly controlled process for the use of tools and culinary equipment in order to reduce the risk of such items becoming weapons for the inmate population. While there are times that specific inmate workers may need to possess tools or equipment for legitimate daily operations, the possession and use of those tools must be carefully monitored and controlled by staff.

204.2 POLICY

It is the policy of this facility to securely store, inventory, control and monitor the use of tools and culinary equipment to ensure accountability and the secure use of these items.

204.2.1 CUSTODY TOOLS

Tools include all implements that are maintained within the secure perimeter of the facility to complete specific tasks. These tools include, but are not limited to, mops, brooms, dustpans and floor polishers.

All tools, culinary items or medical equipment shall be locked in secure cabinets or storage rooms when not in use. Tools should be inspected regularly for damage or wear and repaired or replaced as necessary.

Any time tools are brought into a secure area where inmates are present, staff supervising the area shall count the number of tools brought in to ensure that the same number of tools are taken out.

Any tool that is used within the secure perimeter of the facility must be closely monitored and controlled by the staff supervising the area so that it cannot be used as a weapon. Inmates who are assigned tasks that require these tools shall be closely supervised.

An inventory of all tools used and stored within the secure perimeter of the facility shall be developed and maintained by the Chief Corrections Deputy. Tools will be inventoried by an assigned staff member at least once every 24 hours. The loss of any tool will be immediately reported to the on-duty supervisor, who shall initiate immediate action to locate or account for the missing tool, including:

(a) Detaining and searching any inmate who had access to the tool.

(b) Conducting a thorough search of the immediate area for the missing item.

(c) Initiating a facility-wide search.

The staff member responsible for the supervision of the use of missing tool will prepare and submit a report to the Shift Sergeant documenting the specific tool that is missing and the circumstances of the disappearance. The report will be forwarded to the Chief Corrections Deputy. All staff members involved in the search will submit a report to the on-duty supervisor documenting their findings.

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204.2.2 MAINTENANCE OR CONSTRUCTION TOOLS

Maintenance or construction tools are those tools and equipment that are brought into and out of the secure perimeter of the facility by employees or contractors to facilitate repairs or construction of the physical plant. Only the tools and equipment needed specifically for the intended work will be permitted into the facility. All tools and equipment will be inventoried and a list of the tools will be provided to the control booth prior to any tools or equipment being brought inside the secure perimeter.

A staff member will check the tools being brought into this facility against the inventory list. Prior to entering the secure perimeter of the facility, the contractor shall be instructed to maintain personal possession of the tools at all times. When it is necessary to complete a task in an area where inmates are present, the inmates shall be locked down by staff supervising the area.

When the person has finished working in the area, a corrections deputy will ensure that all tools are accounted for by checking the tool inventory. In the event of a discrepancy, the on-duty supervisor shall be immediately notified and appropriate action taken to locate or account for the items. Once all tools have been accounted for, the inmates may be released from lockdown.

204.2.3 EXTERIOR-USE TOOLS

Exterior-use tools are those that are used by inmate workers outside of the secure perimeter. These tools include, but are not limited to, the following:

- Handheld tools
- Power tools
- Landscape maintenance tools
- Farm equipment

Only inmate workers who are classified to work outside the secure perimeter of the facility will be allowed to possess exterior-use tools. The corrections deputy responsible for supervising inmate workers on outside work crews will inventory all tools assigned for this purpose at the beginning of the shift.

Any tool issued to an inmate will be logged with the inmate’s name, the tool type and serial number documented. When an inmate worker is finished with that tool, the responsible staff member shall check the tool against the check-out log and document its return. Inmate workers shall not be permitted to pass tools between each other except under the direct supervision of a corrections deputy.

All tools will be checked-in and noted on the log and returned to the tool storage area at the end of each shift. Until all tools are accounted for, inmate workers should not be released from the work assignment.

In the event that an exterior-use tool is missing, the corrections deputy shall immediately notify a supervisor. A thorough search for the tool will be undertaken and an incident report shall be completed. Inmates may only be released from their work assignments when it has been

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determined that it is safe to do so, and upon the approval of the supervisor. The incident report with all relevant information shall be forwarded to the Chief Corrections Deputy.

204.2.4 KITCHEN EQUIPMENT

Culinary tools are located in the kitchen and include common tools used in the preparation, service and delivery of meals.

All kitchen knives or metal tools with sharp edges shall be stored in a locked cabinet. There shall be an outline of the tool's assigned location in the cabinet so that any tool missing from the cabinet can be easily identified. When in use, all knives shall be tethered to the work area. All tools shall be returned to the secure cabinet when not in use.

The corrections deputy assigned to the kitchen shall inventory all kitchen tools at the beginning of his/her shift and prior to the arrival of inmate workers. Kitchen tools will only be issued to inmates who have been classified as inmate workers. Staff will supervise inmates at all times when the inmates are using tools.

Each tool issued will be assigned to an individual inmate and logged. The inmate's name and the tool type will be documented. When an inmate worker is finished with a tool, the tool shall be checked in with the corrections deputy and documented. Inmate workers shall not be permitted to pass tools between each other except under the direct supervision of a corrections deputy.

All tools will be returned to the kitchen tool cabinet at the end of each shift and all tools must be accounted for prior to any inmate worker being released from the work assignment.

In the event that a kitchen tool is missing, the corrections deputy shall immediately notify the on-duty supervisor, who shall initiate immediate action to locate or account for the missing tool. A thorough search for the tool will be undertaken and an incident report shall be completed by the corrections deputy responsible for the supervision of the use of the tool. The incident report with all relevant information shall be forwarded to the Chief Corrections Deputy.

204.2.5 SERVING AND INDIVIDUAL EATING TOOLS

Serving tools and individual eating tools are those culinary tools located outside of the kitchen. Only inmate workers who are assigned to serve food shall be in control of serving tools. These tools shall be assigned to each inmate worker by the kitchen corrections deputy prior to leaving the kitchen. The tool type shall be documented. Upon returning to the kitchen from serving meals, the inmate workers shall individually check their tools in with the kitchen corrections deputy, who shall document each one.

In the event that a serving tool is missing, the kitchen corrections deputy shall notify a supervisor and a search for the tool shall be initiated.

Eating utensils (forks/spoons/sporks) shall be counted by the corrections deputy supervising the meal service prior to and at the completion of each meal. In the event that a utensil is missing, the housing unit shall be immediately locked down and a supervisor notified. A thorough search of the housing unit shall be initiated to locate the tool.

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204.3 TOOL MAINTENANCE

Tools should be inspected regularly for damage or wear and repaired or replaced as needed.

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Disposition of Evidence

205.1 PURPOSE AND SCOPE

The purpose of this policy is to provide direction regarding the proper handling and disposition of contraband and evidence to ensure that the chain of custody is maintained so that evidence is admissible in a court of law or disciplinary hearing.

205.2 POLICY

It is the policy of the Okanogan County Sheriff's Office to seize evidence and contraband in accordance with current constitutional and search-and-seizure law. Members of this office shall properly handle all contraband and evidence in order to maintain its admissibility. All contraband and evidence shall be handled in a safe manner and in a way that will maintain the chain of custody.

205.3 INITIAL SEIZURE OF EVIDENCE

Any staff member who first comes into possession of any evidence should retain such evidence in his/her possession until it is properly tagged and booked. When handling evidence, staff should observe the following safety precautions:

(a) Unload any firearm located in the approved loading/unloading area outside of the facility. If it is a revolver, the cylinder should be left open. If it is a semi-automatic pistol, the magazine shall be removed and the slide locked back in an open position. The cartridges and/or magazine will be packaged separately and booked with the firearm.

(b) Sheath any knife or other stabbing instrument in its holster (if any), or attach (tape) stiff cardboard to completely cover the blade.

(c) Place needles, such as syringes, into a hard plastic container that cannot be punctured by the needle.

(d) If the contraband is a suspected "home brew" alcoholic beverage, the handling corrections deputy shall place a sample of the liquid in a plastic container that can be safely sealed. The remainder of the liquid will be treated as a biohazard and carefully disposed of as recommended by the environmental health official.

205.4 EVIDENCE BOOKING PROCEDURE

All evidence shall be booked prior to the employee going off-duty unless otherwise approved by a supervisor. Employees booking evidence shall observe the following guidelines:

(a) Complete the evidence/property form describing each item of evidence separately, listing all serial numbers, owner’s name, finder’s name and other identifying information or markings.

(b) Mark each item of evidence with the booking employee’s initials and the date booked using the appropriate method to prevent defacing or damaging the value of the property.

(c) Complete an evidence/property tag and attach it to each bag or envelope in which the evidence is stored.

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(d) Place the case number in the upper right corner of the bag and in the appropriate field of the evidence/property tag.

(e) Submit the original evidence/property form with the case report. A copy shall be placed with the evidence in the temporary property locker or with the property if it is stored somewhere other than a property locker.

(f) When the evidence is too large to be placed in a locker, retain the item in the secure supply room or another area that can be secured from unauthorized entry. Place the completed evidence/property form into a numbered locker indicating the location of the evidence.

205.4.1 NARCOTICS AND DANGEROUS DRUGS

All narcotics and dangerous drugs shall be booked separately using a separate evidence/property form. Paraphernalia shall also be booked separately. All narcotics and dangerous drugs shall be properly weighed by the booking staff member. The weight of all narcotics and dangerous drugs shall be documented on the evidence/property form. A copy of the evidence/property form shall be placed with the evidence in the designated locker and shall also be distributed in accordance with current evidence booking procedures.

205.4.2 EXCEPTIONAL HANDLING

Certain evidence items require a separate process. Bodily fluids, such as blood or semen stains, shall be air-dried prior to booking.

205.4.3 RECORDING OF EVIDENCE OR PROPERTY

The evidence technician receiving custody of evidence or property shall record on the evidence/property control card his/her signature, the date and time the evidence was received, and where it will be stored.

An evidence/property number shall be obtained for each item or group of items. This number shall be recorded on the evidence/property tag and the evidence/property control card.

Any changes in the location of evidence or property held by the Office shall be noted in the evidence/property log book.

205.4.4 EVIDENCE CONTROL

Every time evidence or property is released or received, an appropriate entry on the evidence package and evidence/property control card shall be completed to maintain the chain of custody. No property or evidence is to be released without first receiving written authorization from a supervisor or the employee who is managing the case.

Corrections Deputy desiring evidence for court shall contact the evidence technician at least one day prior to the court day.

Request for analysis for items other than narcotics and dangerous drugs shall be completed on the appropriate forms and submitted to the evidence technician. This request may be filled out any time after booking the property or evidence.

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205.4.5 TRANSFER OF EVIDENCE TO CRIME LABORATORY

The transporting employee will check the evidence out of property, indicating the date and time on the evidence/property control card, and complete a request for laboratory analysis.

The evidence technician releasing the evidence must complete the required information on the evidence/property control card. The lab forms will be transported with the evidence to the examining laboratory. Upon delivering the item, the corrections deputy will record the delivery time on both copies and indicate the locker in which the item was placed or the employee to whom it was delivered. The original copy of the lab form will remain with the evidence and the copy will be returned to the Records Division for filing with the case.

205.4.6 STATUS OF EVIDENCE

Each person receiving evidence will make the appropriate entry to document the chain of custody. Temporary release of evidence to a law enforcement authority for investigative purposes or for court shall be noted on the evidence/property control card, stating the date, time, and to whom it was released.

The evidence technician shall obtain the signature of the person to whom the evidence was released and the reason for release. Any employee receiving evidence shall be responsible for such evidence until it is returned to property or released to another authorized person or entity.

The return of the evidence should be recorded on the evidence/property control card, indicating date, time, and the name of the person who returned the evidence.

205.5 RELEASE OR DISPOSITION OF UNCLAIMED FUNDS AND PROPERTY

The employee managing the case or a supervisor shall authorize the disposition or release of all evidence and property coming into the care and custody of the Office.

All reasonable attempts should be made to return unclaimed property, found property, or evidence not needed for an investigation.

Release of property and evidence shall be made upon receipt of an authorized release form. The release authorization shall be signed by the approving staff member and must match the items listed on the evidence/property form or must specify the items to be released. A signature of the person receiving the evidence or property shall be recorded on the original evidence/property form. Upon release, the proper entry shall be documented on the evidence/property control card log and related forms.

The property supervisor shall ensure that all cash not needed as evidence, or funds that are left unclaimed by an inmate, are transferred as soon as practical to the Treasurer's Office. A record of the transfer shall be kept in the appropriate inmate file.

The property supervisor or the authorized designee shall submit a report of presumed abandoned property or funds once a year to the Sheriff and the Treasurer's Office, or more frequently as directed. The property supervisor may dispose of property or evidence in compliance with existing laws upon receipt of proper authorization from the Sheriff.

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The Okanogan County Sheriff's Office shall make every effort to return personal property that is in the possession of this office when such property is not considered evidence of a crime or is no longer needed as evidence. In such cases, the evidence technician shall make a reasonable attempt to identify the lawful owner and provide written notice via U.S. mail within 15 days after the property is authorized to be released.

If the property remains unclaimed beyond 60 days after the initial written notice to the property owner, or, in the case of property held as evidence, 60 days from the date when the case has been finally adjudicated and the property has been released as evidence by order of the court, the Office may (RCW 63.32.010; RCW 63.40.010):

(a) At any time thereafter sell the property at public auction to the highest and best bidder for cash. The disposition of all proceeds from such auctions shall be accounted for and recorded according to law (RCW 63.32.030).

(b) Retain the property for the use of the Office subject to giving notice in the manner prescribed in RCW 63.32.020 or RCW 63.40.020 and the right of the owner, or the owner's legal representative, to reclaim the property within one year after receipt of notice, without compensation for ordinary wear and tear if, in the opinion of the Sheriff, the property consists of firearms or other items specifically usable in law enforcement work, provided that at the end of each calendar year during which there has been such a retention, the Office shall provide the county's elected body and retain for public inspection a list of such retained items and an estimation of each item's replacement value. At the end of the one-year period any unclaimed firearm shall be disposed of pursuant to RCW 9.41.098(2).

(c) Destroy an item of personal property at the discretion of the Sheriff if he/she determines that the following circumstances have occurred:

1. The property has no substantial commercial value, or the probable cost of sale exceeds the value of the property; and
2. The item has been unclaimed by any person after notice procedures have been met, as prescribed in this section; and
3. The Sheriff has determined that the item is unsafe and unable to be made safe for use by any member of the general public.

If the item is not unsafe or illegal to possess or sell, it may, after satisfying the notice requirements as prescribed in RCW 63.32.020, be offered by the Sheriff to bona fide dealers, in trade for law enforcement equipment. Such equipment shall be treated as retained property for purpose of annual listing requirements of the RCW. Such items may be destroyed at the discretion of the Sheriff if he/she believes that it has been used, or may be used in a manner that is illegal (RCW 63.32.010).

If such property is not sold at auction or otherwise lawfully claimed, it may thereafter be destroyed in accordance with applicable laws. The final disposition of all such property shall be fully documented in related reports and on the property control card.

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Disposition of Evidence

The evidence technician shall release the evidence or property upon proper identification presented by the owner for which an authorized release has been received. A signature of the person receiving the property shall be recorded on the original evidence/property form. Upon release, the proper entry shall be documented in the evidence/property log.

After release of all property or evidence listed on the evidence/property control card, the card shall be forwarded to the Records Division for filing with the case. If some items have not been released, the evidence/property card will remain in the property section.

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Records and Data

206.1 PURPOSE AND SCOPE

This policy establishes guidelines for the control and access of records by staff, contractors, and volunteers.

206.2 ACCESS TO RECORDS

Access to confidential paper or electronically generated records in this facility is restricted at various locations according to job function and the need to know. Employees working in assigned areas will only have access to the information that is necessary for the performance of their duties. Granting access to other employees or anyone outside of the work area must meet with supervisory approval. All requests for information received from outside the Office shall be forwarded to the Chief Corrections Deputy.

Custody staff, volunteers, and contractors shall not access, disclose, or permit the disclosure or use of such files, documents, reports, records, video or audio recordings, or other confidential information except as required in the performance of their official duties and in accordance with office policies, statutes, ordinances, and regulations related to data practices. Photographs and information concerning a person convicted of a sex offense as defined in RCW 9.94A.030 may be released as provided in RCW 4.24.550.

Custody staff, volunteers, and contractors who are uncertain of the confidentiality status of any document should consult with a supervisor or the Chief Corrections Deputy to determine the status of the documents in question.

206.3 USE OF A CENTRAL COMPUTERIZED ENFORCEMENT SERVICE SYSTEM (ACCESS)

A Central Computerized Enforcement Service System (ACCESS) is a computer controlled communications system located at the WSP Information Technology Division. ACCESS provides service to all the state and national information systems. The Chief of the WSP is vested with the authority to administer all operating phases of ACCESS and WACIC. There are specific requirements for agencies accessing the information in the group of computers systems in ACCESS.

206.3.1 ACCESS USE REQUIREMENTS

No member of the Okanogan County Sheriff's Office shall operate any of the ACCESS systems without first complying with the training requirements

206.3.2 ACCESS REQUIREMENTS

As an authorized ACCESS user, the Okanogan County Sheriff's Office complies with all of the following ACCESS requirements:

(a) Warrant Entry

(b) Receiving information from outside agencies

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(c) Recording information

(d) Verifying information

(e) Cancelling information

(f) Providing 24 hour access to agency warrants

It is the responsibility of the Records Chief to ensure that all ACCESS computer and network security requirements are in place and operational.

206.4 STAFF TRAINING

Prior to being allowed to work inside this facility, all members and contractors will receive training on office records, policies, and confidentiality requirements, including the potential criminal and civil penalties that may result from a breach of confidentiality in violation of this policy and all applicable statutes (RCW 40.16.010 and RCW 40.16.020).

206.5 POLICY

Members of the Okanogan County Sheriff's Office will adhere to all applicable laws, orders, regulations, use agreements, and training related to the access, use, dissemination and release of protected information.

206.6 CUSTODIAN OF RECORDS

The Sheriff shall designate a Custodian of Records. The responsibilities of the Custodian of Records include but are not limited to:

(a) Managing the records management system for the Office, including the retention, archiving, release, and destruction of office public records.

(b) Maintaining and updating the office records retention schedule, including:

1. Identifying the minimum length of time the Office must keep records.
2. Identifying the office section responsible for the original record.

(c) Establishing rules regarding the inspection and copying of office public records as reasonably necessary for the protection of such records.

(d) Identifying records or portions of records that are confidential under state or federal law and not open for inspection or copying.

(e) Establishing rules regarding the processing of subpoenas for the production of records.

(f) Ensuring the availability of a current schedule of fees for public records as allowed by law.

(g) Ensuring that the business hours for record inspection or copying are posted on the office's website and made known by other means designed to provide the public with notice (RCW 42.56.090).

(h) Ensuring that the name and contact information of the Public Records Officer is visible to the public, including the office website and appropriate office publications (RCW 42.56.580).

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206.7 SUBPOENAS AND DISCOVERY REQUESTS

Any member who receives a subpoena duces tecum or discovery request for records should promptly contact a supervisor and the Custodian of Records for review and processing. While a subpoena duces tecum may ultimately be subject to compliance, it is not an order from the court that will automatically require the release of the requested information.

Generally, discovery requests and subpoenas from criminal defendants and their authorized representatives (including attorneys) should be referred to the County Prosecutor, County Attorney, or the courts.

All questions regarding compliance with any subpoena or subpoena duces tecum should be promptly referred to legal counsel for the Office so that a timely response can be prepared.

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Research Involving Inmates

207.1 PURPOSE AND SCOPE

The purpose of this policy is to establish safeguards and guidelines to protect inmates from being used as research subjects in medical and other research experiments based only on their status as inmates and without proper approval, review or informed consent.

207.2 POLICY

The Okanogan County Sheriff's Office will conduct and support research that improves operations, enhances professional knowledge, decreases recidivism and advances the office’s mission in accordance with existing laws and with appropriate protection of all inmates. However, the use of inmates for medical, pharmaceutical or cosmetic experiments is prohibited.

207.3 AUTHORIZATION REQUIREMENTS

Prior to initiating any approved research, all persons conducting research in this facility must agree to abide by all office policies relating to the security and confidentiality of inmate files. Based upon the intended use of the research, guidelines will be established regarding what information shall be accessible to the researcher or the research organization.

Any requests for an exception shall include a response to the following questions as part of the proposed research project:

- Who is conducting the research?
- What is the purpose of the research?
- What is the methodology?
- Do the researchers or persons advocating research involving the use of inmates have an understanding of their ethical responsibilities, including considerations for the establishment of an Institutional Review Board (IRB), as described in 45 CFR 46.301 et seq.?
- Any other information as deemed appropriate by the Chief Corrections Deputy or Sheriff.

Inquiries regarding proposed research projects from local, state and federal executive and legislative bodies/agencies will be brought to the attention of the Sheriff immediately by the employee who receives the request. At the direction of the Sheriff, an appropriate and timely response will be made to each legitimate inquiry.

Research or studies involving more than the information identified as public information may require signed release/waiver forms from the involved inmates. The Sheriff should consult and seek guidance from the legal counsel serving the Office or other legal expert in these matters.

Inmates are not precluded from individual treatment based on the need for a specific medical procedure that is not generally available. An inmate’s treatment with a new medical procedure

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by the inmate’s own physician shall be undertaken only after the inmate has received a full explanation of the positive and negative features of the treatment, and only with the inmate’s informed consent.

207.4 LEGAL CONSIDERATIONS

Any research conducted or supported by the United States Department of Health and Human Services will be required to comply with the provisions of 45 CFR 46.301 et seq.

207.5 INMATES IN COMMUNITY-BASED RESEARCH

When inmates who are participants in a community-based research protocol are admitted to the facility, the following shall occur:

(a) The intake nurse shall collect all relevant data including name and contact information of the treating physician, and all available detail about the treatment regimen and the condition being treated.

(b) The responsible physician shall be contacted prior to the initiation of treatment.

(c) Consultation with community researchers shall be made by the responsible physician to determine the intent of the study and any necessary parameters to measure as the treatment period progresses.

(d) Necessary information shall be obtained so that withdrawal from the research protocol is done without harming the health of the inmate.

207.6 HUMAN RESEARCH STUDIES

This office does not endorse enrolling inmates into human research studies. Requests to enroll inmates in human research studies will not ordinarily be approved. However, any request to enroll an inmate into such a study must be reviewed by the Sheriff, the Responsible Physician and legal counsel, and authorization provided prior to enrollment. Any authorized enrollments shall comply with all state and federal guidelines.

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Inmate Records

208.1 PURPOSE AND SCOPE

This policy establishes the procedures required to create and maintain accurate records of all persons booked and confined in this facility.

208.2 POLICY

It is the policy of this office that all records shall be complete and comprehensive, resulting in reliable data that provides information about each inmate’s period of confinement, as well as histories of previous confinement in this facility. All inmate records are official office documents and should be used for official business only. Inmate records are a vital component of the criminal justice system and should only be released to authorized persons.

208.2.1 RECORD MAINTENANCE

It shall be the responsibility of the Records Division to maintain the following records on all persons who have been committed or assigned to this facility, including, but not limited to, the following:

- Information gathered during the admission process as provided in the Inmate Reception Policy
- Photographs and fingerprints cross referenced to the booking number
- Duration of confinement
- Court-generated background information
- Cash and property receipts
- Classification records, including inmate classification levels and housing restrictions
- Housing history records
- Reports of disciplinary events and dispositions
- Grievances and dispositions
- Reports of incidents or crimes committed during confinement
- Request forms
- Special visit forms
- Court appearances, documents and the disposition of hearings
- Work assignments
- Program participation
- Visitation records
- Telephone records

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- Medical, dental, mental health, drug and alcohol screenings, assessments, treatments, medications

The inmate records shall be identified and separated according to a format developed and approved by the Chief Corrections Deputy or the authorized designee.

208.2.2 RELEASE OF INMATE RECORDS

Inmate records are confidential and shall be used for official business only. Any release of inmate records shall be made only in compliance with a lawful court order or as authorized by state and federal law to persons having a legitimate criminal justice need, or with a consent form signed by the inmate (RCW 70.48.100). A copy of the release authorization document shall be maintained in the inmate record file.

208.2.3 ELECTRONIC RECORD MAINTENANCE

All inmate records and data maintained in an electronic format shall be accessible only through a login/password-protected system capable of documenting by name, date and time any person who has accessed the information. The Chief Corrections Deputy shall be responsible for working with the information technology personnel to ensure the security of the data and to develop and maintain a copy of the security plan.

208.2.4 RECORDS RETENTION

Inmate records shall be maintained consistent with the established records retention schedule.

208.3 INFORMATION SHARING REGARDING IMMIGRATION STATUS

No member of this office will prohibit, or in any way restrict, another member from doing any of the following regarding the citizenship or immigration status, lawful or unlawful, of any individual (8 USC § 1373):

(a) Sending information to, or requesting or receiving such information from federal immigration officials

(b) Maintaining such information in office records

(c) Exchanging such information with any other federal, state, or local government entity

208.3.1 NON-DISCLOSURE OF PERSONAL INFORMATION

Members shall not disclose to a federal immigration official who is investigating a non-criminal matter, nonpublic personal information about an inmate except as required by state or federal law (RCW 10.93.160).

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Report Preparation

209.1 PURPOSE AND SCOPE

Report preparation is a major part of each corrections deputy’s job. The purpose of these reports is to document incidents at the facility, refresh the corrections deputy’s memory and provide sufficient information for a follow-up investigation and successful prosecution or a disciplinary proceeding. Report writing is the subject of substantial formal and on-the--job training.

209.2 POLICY

It is the policy of the Okanogan County Sheriff's Office that members shall act with promptness and efficiency in the preparation and processing of all reports.

209.3 REPORT PREPARATION

Employees should ensure that reports are sufficiently detailed for their purpose and free from errors prior to submission. Reports shall be prepared by the staff assigned to investigate or document an incident, approved by a supervisor, and submitted to the Chief Corrections Deputy or the authorized designee in a timely manner. Reports related to any incident resulting in death, serious injury, or endangerment to staff, inmates, or a visitor; an escape; a major disturbance; a facility emergency; or an unsafe condition at the facility shall be submitted to the Chief Corrections Deputy as soon as practicable but within 24 hours of the incident. It is the responsibility of the assigned employee to ensure that all the above-listed reports meet this requirement or that supervisory approval has been obtained to delay the report. The supervisor must determine whether the report will be available in time for appropriate action to be taken, such as administrative notifications or resolution, investigative leads, or an inmate disciplinary proceeding.

Handwritten reports must be prepared legibly. If the report is not prepared legibly, the employee shall be required by the reviewing supervisor to promptly correct the report. Employees who dictate reports by any means shall use appropriate grammar, as content is not the responsibility of the typist. Employees who generate reports on computers are subject to all requirements of this policy.

All reports shall accurately reflect the identity of the persons involved, all pertinent information seen, heard, or assimilated by any other sense, and any actions taken. Employees shall not suppress, conceal, or distort the facts of any reported incident, nor shall any employee make a false report orally or in writing. Generally, the reporting employee’s opinions should not be included in reports unless specifically identified as such.

209.4 REQUIRED REPORTING

Written reports are required in all of the following situations on the appropriate office-approved form unless otherwise approved by a supervisor.

209.4.1 CRIMINAL ACTIVITY REPORTING

When an employee responds to an incident, or as a result of selfinitiated activity, and becomes aware of any activity where a crime has occurred, the employee is required to document the activity. The fact that a victim is not desirous of prosecution is not an exception to documentation.

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209.4.2 INCIDENT REPORTING

Incident reports generally serve as an in-house notation of occurrences in the facility and to initiate, document and support the inmate disciplinary process.

Incidents that shall be documented using the appropriate approved report include:

(a) Non-criminal incidents of rule violations by inmates.

(b) Attempted suicide or suicidal ideation on the part of an inmate.

(c) Non-criminal breaches of security or evidence of an escape attempt.

(d) Non-criminal security threats, including intelligence related to jail activities.

(e) Significant incidents related to medical issues, health, or safety in the jail.

(f) Discovery of contraband in the possession of inmates or their housing areas.

(g) Detaining or handcuffing any visitor at the facility.

(h) Traffic collisions involving office vehicles.

(i) Risk management incidents, including injuries to inmates and lost or damaged property.

(j) Accidental injuries of staff, inmates, or the public.

(k) Unusual occurrences.

209.4.3 DEATHS

All deaths shall be investigated and a report completed by a qualified investigating corrections deputy to determine the manner of death and to gather information, including statements of inmates and staff who were in the area at the time the death occurred.

Reporting of deaths will be handled in accordance with the Reporting In-Custody Deaths Policy.

209.4.4 INJURY OR DAMAGE BY OFFICE PERSONNEL

Reports shall be taken if an injury occurs that is a result of an act of an employee. Reports shall be taken involving damage to office property or equipment.

209.4.5 USE OF FORCE

Reports related to the use of force shall be made in accordance with the Use of Force Policy.

209.5 GENERAL POLICY OF EXPEDITIOUS REPORTING

In general, all employees and supervisors shall act with promptness and efficiency in the preparation and processing of all reports. Incomplete reports, unorganized reports, or reports delayed without supervisory approval are not acceptable. Reports shall be processed according to established priorities or according to special priority necessary under exceptional circumstances.

209.5.1 GENERAL POLICY OF HANDWRITTEN REPORTS

Some incidents and report forms lend themselves to block print rather than typing. In general, the narrative portion of those reports in which there is a long narrative should be typed or dictated.

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Supervisors may require, with the foregoing general policy in mind, block printing or typing of reports of any nature for office consistency.

209.5.2 GENERAL USE OF OTHER HANDWRITTEN FORMS
County, state and federal agency forms may be block printed as appropriate. In general, the form itself may make the requirement for typing apparent.

209.6 REPORT CORRECTIONS

Supervisors shall review reports for content and accuracy. If a correction is necessary, the reviewing supervisor should return it to the reporting employee for correction as soon as practicable. It shall be the responsibility of the originating employee to ensure that any report returned for correction is processed in a timely manner. It shall be the responsibility of the supervisor rejecting the report to follow up on any report corrections not received in a timely manner.

209.7 REPORT CHANGES OR ALTERATIONS

Reports that have been approved by a supervisor and submitted to the Chief Corrections Deputy for filing and distribution shall not be modified or altered except by way of a supplemental report. Reviewed reports that have not yet been submitted to the Chief Corrections Deputymay be corrected or modified by the authoring employee only with the knowledge and authorization of the reviewing supervisor. Reviewing supervisors should not alter reports. When modifications are required, these should be the responsibility of the authoring employee.

209.8 ELECTRONIC SIGNATURES

The Office has established an electronic signature procedure for use by all employees. The Chief Corrections Deputy or the authorized designee shall be responsible for maintaining the electronic signature system and ensuring that each employee creates a unique, confidential password for his/her electronic signature.

(a) Employees may only use their electronic signature for official reports or other official communications.

(b) Each employee shall be responsible for the security and use of his/her electronic signature and shall promptly notify a supervisor if the electronic signature has or may have been compromised or misused.

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Key and Electronic Access Device Control

210.1 PURPOSE AND SCOPE

The control and accountability of facility keys and electronic access devices are vital factors in maintaining a safe and secure environment for inmates, staff, volunteers, contractors and the public. This policy outlines the methods that the Office will use in maintaining strict security of its keys and electronic access devices. For ease of reference, the term “key” as used in this policy includes all physical means of access to or exit from the secure areas of the facility.

210.2 POLICY

It is the policy of this office that all keys used to access secure areas of the facility or to exit the secure areas of the facility are strictly controlled. Employees and supervisors will be held accountable for the security and safety of the facility. All key control activities shall be accurately documented on a daily basis.

210.2.1 KEY IDENTIFICATION

All keys that open any doors within the facility shall be marked with unique identification codes that will allow for quick inventory. Keys that are bundled together as a set shall be numbered or coded with a tag to identify that set and the number of keys on the ring. The identifying numbers or code on keys shall not correspond to numbers/codes on locks.

A separate secure document identifying all keys will be maintained by the central control supervisor.

210.2.2 KEYSET CONTENTS

Keysets issued to staff for use within the secure perimeter of the facility shall not contain any key that would permit access to areas outside the secure perimeter. The armory key shall not be permitted inside the secure perimeter. Exterior door keys shall not be permitted inside the facility except during an emergency requiring access to the exterior doors.

210.2.3 KEY CONTROL

All facility keys shall be maintained in theControl Room room. This room shall have controlled access for staff only. Keysets are numbered and assigned to each staff member.

Under no circumstances shall an employee pass a key or keyset to another employee. All keys must be checked out through the control process. Employees shall not possess any key for which they have not been authorized.

Employees shall not duplicate, mark, alter or manufacture any key without written authorization from the Chief Corrections Deputy or the authorized designee.

Supervisors shall, at the beginning and end of their respective shifts, inventory the key box and its contents. All keys must be accounted for before the supervisor may end his/her shift.

Under no circumstances will keys be made available to inmates regardless of their status.

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210.2.4 LOCK POLICY

All security perimeter entrances, Control Room doors and cell doors shall be kept locked, except when used for admission or exit of employees, inmates or visitors, and in an emergency. Operators of sallyports shall ensure that only one of the doors of a sallyport is opened at any time for entry or exit purposes, except where the entry or exit of emergency personnel requires the operator to override the doors and allow for rapid entry or exit. Each time the override function is engaged, the officer must submit a written report to the on-duty supervisor prior to the end of his/her shift.

210.2.5 TESTING

Locks to security doors or gates shall be tested for proper function at least weekly to ensure proper operation. This testing shall be documented and a weekly report forwarded to the Chief Corrections Deputy.

210.2.6 EXTERIOR DOOR AND ARMORY KEYS

N/A

210.2.7 MISSING KEYS

Any staff member who discovers that a key or keyset is missing shall immediately make a verbal report to a supervisor and shall prepare a written incident report as directed by the supervisor. The supervisor shall immediately initiate a search for the missing key. If a reasonable effort to locate the key fails, the supervisor shall order a lockdown of the facility. All inmates shall be locked in their cells/housing units. Inmates shall not be allowed to pass into or out of the facility without being thoroughly searched for the missing key. The supervisor shall, as soon as practicable, notify the Chief Corrections Deputy regarding the loss of the key, when it was discovered and the circumstances involved.

A methodical and thorough search of the entire facility will be made by the on-duty staff. Additional staff may be called to assist with the search. If, after a thorough search, the key or keyset is not located, the Chief Corrections Deputy will determine whether to re-key any locks that may have been compromised, and whether this should be done immediately.

The Chief Corrections Deputy shall initiate an investigation into the disappearance of the keys to reexamine the procedures for key control, and shall notify the Sheriff of his/her findings. Based upon the findings of the investigation and any recommendations, the procedures governing this policy may be amended.

210.2.8 DAMAGED KEYS OR LOCKS

Damaged keys or locks shall be promptly reported to a supervisor. No part of a broken key shall be left in the lock. All portions of the damaged key must be turned in to the Shift Sergeant, who will ensure duplicate keys are provided as needed. Damaged locks shall be replaced or repaired as soon as practicable. Appropriate security measures shall be taken until such time as the lock is properly restored. No lock to a security door or gate shall be permitted to be inoperable or left in an unsuitable condition. No inmate shall be secured in a cell, detention room or area that has inoperable locks.

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210.3 KEY CONTROL RECORDS

A key log will be maintained for the accounting and security of all keysets. Each shift is responsible for reporting any key malfunctions or missing keysets. Key control measures shall be documented by the control room staff on logs and forms, and the records retained in accordance with established records retention schedules.

210.4 ELECTRONIC ACCESS DEVICES

Proximity cards, fobs or other devices may be issued to staff to allow access to restricted or controlled areas of the facility. In the event of a lost or stolen device, an employee shall notify his/her supervisor as soon as it is known the device is missing. The device shall be immediately deactivated to prevent unauthorized use.

210.5 EMERGENCY KEY SET

At least one key set containing every key for the facility shall be kept separate from all other key sets in a secure location and made quickly accessible only to the Chief Corrections Deputy, Shift Sergeant, supervisor or the authorized designee in the event of an emergency.

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Daily Activity Logs and Shift Reports

211.1 PURPOSE AND SCOPE

Accurate and legible records are vital to the management of the facility. They provide a means for managers to review events and emergency situations that have occurred within the facility.

This policy provides guidance for creating and maintaining accurate and legible records necessary for the management of the facility.

211.2 POLICY

This policy establishes the requirement for the preparation, maintenance and retention of permanent logs and shift reports to provide a record of both routine activities and unusual events such as emergencies or other notable occurrences.

211.3 PROCEDURES

All members assigned to a security post shall prepare an accurate daily activity log and shift report. The daily activity log and shift report is a permanent record of daily activities. Members who falsify any official document may be subject to disciplinary action, up to and including termination.

All members will adhere to the following procedures when preparing a daily activity log or shift report:

(a) Black ink pen shall be used, unless entries are logged into an electronic record.

(b) Entries should be legible and provide sufficient detail to ensure that the log entry or report properly reflects the events of the day.

(c) Entries shall include the name and unit number of the individual making the entry.

(d) Entries shall reflect the date and time of the event logged.

(e) Entries created and stored electronically shall not be modified. If corrections or changes become necessary, they shall be done by way of a supplemental entry, leaving the original entry unaltered and retrievable.

(f) Handwritten log entries requiring modification shall be crossed out with one line and a new entry made, noting that it is a correction.

211.4 SHIFT ACTIVITY LOG

All pertinent activities should be documented in the daily activity log. At a minimum this includes:

- Personnel on-duty
- Bookings and releases
- Formal counts
- Safety checks, security checks and inspections and routine activities
- All searches/shakedowns
- Inmate movement within the facility and inmates received at a housing assignment

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- Meal service
- Professional visits to the housing units, including maintenance work and tours
- Alarms and security equipment tests
- Medication delivery, sick call or inmate complaint of illness or injury and the action taken
- Locking and unlocking of inmate cells
- Disciplinary actions
- Supervisor rounds to the housing area and/or to specific inmates
- Unusual inmate behavior
- Discovered contraband
- Activities and programs offered and the attendees
- Unusual occurrences
- Use of emergency equipment
- Any use of force
- Sanitation inspections
- Key counts

The daily activity log will be retained in accordance with the Secretary of State records retention schedule and the Office records retention schedule (WAC 44-14-03005).

211.5 SHIFT REPORT

Each member assigned to a security post, as well as the supervisor, shall prepare a shift report for the oncoming staff. This report shall include the following:

- The formal inmate count at the beginning and end of each shift
- Key count and exchange
- Money count (at whatever post money is handled)
- Exchange of security equipment (e.g., duress alarm, radio)
- The time the supervisor made rounds
- Information that would assist the oncoming staff
- Unusual occurrences

The shift report will be retained in accordance with the Secretary of State records retention schedule and the Office records retention schedule (WAC 44-14-03005).

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211.6 SUPERVISOR RESPONSIBILITIES

Supervisors shall review the daily activity log and shift report during the course of each shift. Supervisors shall sign and include the date and time of review on each log or report. When appropriate, supervisors should include comments in the logbook with regard to an incident or unusual occurrence in the facility.

Whenever a major event in the facility requires a coordinated command response, the Incident Commander (IC) should designate someone to keep a running log that identifies, at a minimum, the following:

- Date and time the incident began
- Specific location of the incident
- Times of significant response measures taken during the incident
- Name, identification number and time of arrival of personnel onscene
- Orders issued by the IC
- Significant events that occurred as a result of the incident

The above information should remain available to the IC throughout the event to assist with ongoing response planning.

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Employee Compensation

212.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a process for reviewing compensation and benefit levels for all facility personnel within a labor organization process, Memorandum of Understanding (MOU) or other methodology does not exist. The goal of a compensation and benefit package should be to establish competitive salary and benefits to ensure the ability to recruit, hire and retain qualified staff.

212.2 POLICY

It shall be the policy of this office to strive for parity of compensation and benefits with similar occupational groups in the state or region, whenever fiscal conditions permit, to ensure the ability to recruit, hire and retain qualified staff. Compensation and benefits for corrections deputy should be equal to those for law enforcement officers working in the same organization or at the same level of government.

All compensation actions shall be in accordance with civil service rules, labor codes and MOUs for pay and benefits, and subject to fiscal conditions (RCW 41.14.150).

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Administrative and Supervisory Inspections

213.1 PURPOSE AND SCOPE

The purpose of this policy is to establish both regularly scheduled and unannounced inspections of the facility's living and activity areas. This is to encourage contact with staff and inmates and to observe inmate living and working conditions. Inspections may be useful in identifying deficiencies, which can be corrected, as well as processes working properly, which may be replicated elsewhere in the facility.

213.2 POLICY

Tours and inspections shall be conducted by administrative and supervisory staff throughout the jail at least weekly to facilitate and encourage communication among administrators, managers, supervisors, staff employees, inmates and the visiting public.

213.3 INSPECTIONS

The Chief Corrections Deputy is responsible for ensuring that scheduled and unscheduled inspections, visits and contacts are implemented to minimally include:

(a) The general conditions and overall climate of the facility.

(b) The living and working conditions of inmates.

(c) Communication between administrators, managers, supervisors, staff, inmates and the visiting public.

(d) Compliance with policies.

(e) Safety, security and sanitation concerns.

(f) Inmate concerns.

(g) Meal services.

213.3.1 AREAS TO BE INSPECTED

Supervisor inspections should occur in all occupied areas of the facility on a daily basis, including weekends and holidays. Inspections should be conducted randomly and special effort should be given to tour and informally inspect the following areas:

- Inmate housing areas
- Booking and receiving areas, including holding cells
- Exercise yard and recreation areas
- Visiting and program areas
- Medical and dental service areas
- Vocational work areas, e.g., the kitchen, janitorial closets
- Sallyports and transportation staging areas

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213.4 INSPECTIONS OF SECURITY EQUIPMENT

The Chief Corrections Deputy shall be responsible for designating a qualified person to conduct weekly inspections of all security devices, identifying those in need of repair or maintenance and providing a written report of the results of the inspection. The Chief Corrections Deputy shall document all action taken to correct identified deficiencies, including maintenance records, and shall retain those records in accordance with established records retention schedules (WAC 44-14-03005).

213.5 DOCUMENTATION AND REPORTING

Each staff member conducting the inspection or tour shall document the activity in the appropriate station form or facility log. The log should include any significant findings that indicate remedial action or training may be needed. Significant issues of security or safety shall be addressed promptly. Commendable or successful actions that should be replicated elsewhere in the facility should also be noted in the log.

The Shift Sergeant shall review the logs daily and ensure that any deficiencies noted are addressed or forwarded through the chain of command, as appropriate, and that commendable actions are also appropriately addressed.

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Perimeter Security

214.1 PURPOSE AND SCOPE

The purpose of this policy is to establish this facility's security perimeters, to ensure that incarcerated inmates remain inside the perimeter, and that visitor, vendor, volunteer and employee access is granted only with proper authorization and through designated safety vestibules and sallyports. The secure perimeter of this facility will provide protection from the escape of persons being processed, held or housed, and will act as a defense against the entry of unauthorized persons. It shall also be maintained to prevent contraband from entering the secure areas of the facility.

214.2 POLICY

All entry points to the secure perimeter of the facility shall be monitored and controlled continuously by Control Room staff. The entire perimeter shall be inspected, maintained, monitored and continuously assessed to ensure its physical integrity and prevent unauthorized entry, inmate escape and contraband from entering the facility.

214.2.1 VISITORS

This facility shall be maintained as a secure area and no person shall enter any portion of the inner perimeter without specific authorization from the Chief Corrections Deputy or the authorized designee. All visitors shall be required to provide satisfactory identification, such as a valid state-issued driver license or identification card, valid passport or military identification. Visitors shall be required to sign in on the visitor log and state the reason for the visit. Visitors must wear a visitor's badge at all times and shall be escorted by one or more staff members at all times, while they are in the secure areas of the facility.

214.3 CONTRACTORS/VENDORS/VOLUNTEERS

All Contractors/Vendors/Volunteers are required to submit Background Check Form with all the associated information fields completed and a photo copy of their Driver's License before they can access the Secure Perimeter of the Okanogan County Jail. Okanogan County Jail Staff will complete a background check using the completed form. Once the background check is completed the Contractor/Vendor/Volunteer will be granted access to the Secure Perimeter during designated or approved times. A copy of the completed background check and copy of Driver's License will be maintained in Main Control. Background checks will be conducted on an annual basis. If at any time there is reason to believe a Contractor/Vendor/Volunteers security clearance has been compromised an additional background check will be requested. If during the background check issues are noted the completed review packet will be routed through the custody chain of command to the Chief Jail Administrator for review.

214.4 PROCEDURE

The secure perimeter shall be maintained by assigned staff as well as a contracted law enforcement agency. The Chief Corrections Deputy or the authorized designee shall ensure that a staffing plan is in place to monitor the secure perimeter of this facility. Suspicious activity at or

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near the perimeter shall immediately be reported to the Shift Sergeant and Control Room. Control Room staff shall initiate an appropriate law enforcement response.

Individuals suspected to be in violation of any law may be subject to detention or arrest. Individuals found to be loitering on or around the perimeter of the facility will be stopped and questioned to determine the circumstances of their presence. They may be denied entrance into the facility.

Control Room staff shall identify all persons seeking to gain access to the secure perimeter of the facility. Persons delivering goods or services shall identify themselves to Control Room staff prior to being allowed access to the delivery area.

Materials delivered to or transported from the facility's secure perimeter shall be inspected for contraband. Vendors making deliveries into the secure area of the facility will do so under the supervision of custody staff.

Keys to the secure perimeter shall be easily identifiable and issued only in emergency situations or with the authorization of the Chief Corrections Deputy.

Weapons lockers are provided outside all secure perimeter entrances. All weapons must be secured prior to an individual being allowed to enter the facility.

The sallyport is to be used for the transfer of inmates.

Operation of the sallyport doors will be done in such a manner as to effectively control movement into and out of the secure perimeter of this facility. Control Room staff are responsible for ensuring all perimeter surveillance equipment is in good working order and shall immediately report malfunctions or failures to the on-duty supervisor.

Outer perimeter lighting should be designed to illuminate all areas of the exterior to allow visual inspection by video monitor or perimeter patrols.

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Victim Notification of Inmate Release

216.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure victims of crimes receive notice when an inmate held for those crimes is released, and that victims receive any other notification required by Washington law.

216.2 POLICY

It is the policy of this office to act in accordance with all laws regarding victim notification.

216.3 PROCEDURE

The Chief Corrections Deputy shall ensure that a system is in place for individuals to request release notification on any inmate housed in this facility.

Notification requests or requirements that are known during the booking process should be documented in the appropriate designated section of the inmate’s booking file.

In the event that an individual contacts this facility and requests notification on any inmate housed in this facility, staff should notify a supervisor, who will determine whether notifications are required or appropriate, and ensure the notification request and determination is documented in the inmate’s file.

216.4 NOTIFICATION

Members tasked with the release of an inmate or investigating an escape shall verify whether there is a required release notification in the inmate's file.

Members shall document notification efforts in the inmate's file.

Unless ordered by the court or a supervisor, no victim information shall be provided to any inmate by any employee or volunteer of this facility. Any unauthorized access or release of victim information is a direct violation of victim confidentiality and applicable policies, and may subject the person releasing the information to disciplinary action, up to and including termination from employment and/or criminal prosecution.

The VINE Online Application service allows people to sign up for notifications when an inmate is moved, released other status changes. This program has been authorized for use and in place providing an additional level of notification.

216.4.1 REQUIRED NOTIFICATIONS

The Chief Corrections Deputy shall ensure that a system is in place to ensure release and other relevant information is entered into the automated victim information and notification system in a timely and accurate manner (RCW 36.28A.040). The Chief Corrections Deputy should ensure that staff who use the automated system receive proper training and that victims who wish to receive notices regarding an inmate’s release, classification change, or other information are appropriately instructed on the use of the system.

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Community Service

217.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for developing community service programs that are intended to provide work opportunities for inmates and needed services to the community.

217.2 POLICY

It is the policy of the Okanogan County Sheriff's Office to promote community service programs that provide work opportunities for inmates and will support public works projects, such as maintenance to county roadways or parks. Activities that benefit individuals, businesses or other private entities that are not considered a public works project are prohibited.

217.3 PROGRAM GUIDELINES

Any community service program is subject to the approval of the Chief Corrections Deputy or the authorized designee.

Any such program shall be subject to the following guidelines:

(a) The program complies with all statutes, ordinances, regulations, labor agreements, permissions or restrictions relating to inmates whenever they are assigned to public works and community service projects.

(b) There is an availability of inmates who, as a matter of classification, are deemed to be eligible for participation in the community service program.

(c) The number of work opportunities available in the community will determine the availability of opportunities to participate in the community service program.

(d) Staff assigned to manage the program should strive to develop work assignments that give inmates an opportunity to develop good work habits and attitudes that can be applied to jobs obtained after release.

(e) Victim and community input should be solicited and considered when developing community service programs.

(f) There shall be sufficient staff assigned to supervise inmate work crews.

(g) Inmates shall receive appropriate training for the work assignment and the use of any related tools or equipment.

(h) The inmate workday should approximate the typical workday in the community for the type of work being performed. The normal work hours should not exceed eight hours per shift and must include adequate break and meal time.

(i) Inmate performance while in the program should be regularly evaluated and recorded. Poor performance in the work program or violation of rules may render the inmate ineligible to participate in the work program. Any violation of work rules may result in disciplinary action that may include the loss of credits previously awarded for good

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behavior and work time. Inmates who do not comply with program rules, or for any reason cannot work, will be reclassified in accordance with the policies and procedures of the Okanogan County Sheriff's Office.

(j) The working conditions for any inmate must comply with all applicable federal, state or local work safety laws and regulations.

217.4 SELECTION PROCESS

Participation in any community service program is strictly voluntary. A classification process that clearly describes the criteria for program participation will be developed by the supervisor in charge of the program.

Any inmate desiring to participate in a community service program is subject to the following:

(a) The inmate must submit to a screening process, including a criminal history check, to ensure that his/her criminal history is compatible with work in non-secure areas.

(b) The inmate must agree in writing to participate in a community service program.

Inmates may be charged a fee for participation in the program in order to offset the cost of administration and staffing.

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Vehicle Safety

218.1 PURPOSE AND SCOPE

It is the policy of this office to maintain and operate the vehicles assigned to this facility in a lawful and safe manner. The Office utilizes office-owned motor vehicles for a variety of applications. To maintain a system of accountability and ensure that office-owned vehicles are used appropriately, regulations relating to the use of these vehicles have been established. The term "office-owned" as used in this section also refers to any vehicle owned, leased or rented by the Office.

218.2 POLICY

The Okanogan County Sheriff's Office provides vehicles for official business use and may assign take-home vehicles based on its determination of operational efficiency, economic impact to the Office, tactical deployments, and other considerations.

218.3 USE AND SECURITY OF OFFICE VEHICLES

All staff members who operate office-owned or leased vehicles must comply with all applicable state laws and must possess a valid driver license endorsed for the type of vehicle operated.

A list of individuals who are authorized to drive office vehicles shall be maintained by the Chief Corrections Deputy. The list shall be updated monthly to ensure that only qualified personnel who are in possession of a current and appropriately endorsed operator’s license are on the list.

218.3.1 USE OF SEAT BELTS

The use of seat belts and other safety restraints significantly reduces the chance of death or injury in case of a traffic collision. This policy establishes guidelines for seat belt use to promote maximum operator and passenger safety, thus reducing the possibility of death or injury as the result of a motor vehicle collision. This policy will apply to all members operating or riding in office vehicles.

All members shall wear properly adjusted safety restraints when operating or riding in a seat equipped with restraints, in any vehicle owned, leased, or rented by this office, while on- or off-duty, or in any privately owned vehicle while on-duty. The member driving such a vehicle shall ensure that all other occupants, including non-members, are also properly restrained.

Exceptions to the requirement to wear safety restraints may be made only in exceptional situations where, due to unusual circumstances, wearing a seat belt would endanger the member or the public. Members must be prepared to justify any deviation from this requirement.

Whenever possible, inmates should be secured in a prisoner restraint system or, when a prisoner restraint system is not available, by seat belts. The inmate should be in the seating position for which seat belts have been provided by the vehicle manufacturer. The prisoner restraint system is not intended to be a substitute for handcuffs or other appendage restraints.

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No person shall operate a leased or office-owned vehicle in which the seat belt in the driver's position is inoperable. No person shall be transported in a seated position in which the seat belt is inoperable.

No person shall modify, remove, deactivate, or otherwise tamper with the vehicle safety belts, except for vehicle maintenance and repair staff who shall do so only with the express authorization of the Sheriff.

Members who discover an inoperable restraint system shall report the defect to the appropriate supervisor. Prompt action will be taken to replace or repair the system.

218.3.2 VEHICLE SECURITY

Office vehicles will be locked and the keys will be secured when not in use. The staff will make every effort to ensure that the vehicles are parked in a secure location.

Under no circumstances will inmates be allowed to operate a vehicle or have possession of any vehicle keys. Inmate workers who are assigned to clean vehicles must be closely supervised by staff.

The loss of any vehicle key shall be promptly reported, in writing, to the on-duty supervisor.

218.4 VEHICLE INSPECTIONS

All office-owned vehicles are subject to inspection and or search at any time by a supervisor. No member assigned to or operating such vehicle shall be entitled to any expectation of privacy with respect to the vehicle or any of its contents, regardless of who owns the contents.

218.5 VEHICLE SAFETY REPAIRS

Anyone authorized to drive office vehicles is responsible for assisting in maintaining the vehicles so that they are properly equipped, maintained and refueled and present a clean appearance.

Anyone authorized to drive office vehicles is responsible for inspecting the interior and exterior of any assigned vehicle before placing the vehicle into service and again at the conclusion of his/her shift. Any previously unreported damage, mechanical problems, unauthorized contents or other problems with the vehicle shall be promptly reported to a supervisor and documented as appropriate.

Vehicles that are deemed as unsafe shall not be used until necessary repairs are made. The written request for repairs shall be submitted before the operator checks out a replacement vehicle. The Chief Corrections Deputy or the authorized designee shall monitor the maintenance requests and ensure that the necessary repairs are made before the vehicle is placed back into service.

Annual vehicle safety inspections will be conducted on all vehicles that are owned, leased or used by the Office. The inspection will be conducted by a qualified individual designated by the Chief Corrections Deputy. Inspection reports will be forwarded to and maintained by the Chief Corrections Deputy.

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218.6 USE OF PERSONAL VEHICLES

The use of personal vehicles for official business must be approved by the Chief Corrections Deputy. The Chief Corrections Deputy or the authorized designee shall verify that the personal vehicle meets the state's insurance requirements. A copy of the insurance card shall be retained in facility files. All policies and procedures applicable to facility vehicles shall apply to the personal vehicle while it is being used for official business.

218.7 COLLISION DAMAGE, ABUSE, AND MISUSE

When a leased or office-owned vehicle is involved in a traffic collision, the involved member shall promptly notify a supervisor. A traffic collision report shall be filed with the agency having jurisdiction. The member shall complete this office’s vehicle collision form.

When a traffic collision involves a leased or office-owned vehicle or when a member of this office is an involved driver in a collision that occurs in this jurisdiction, and the collision results in serious injury or death or potentially involves any criminal charge, an outside agency should be summoned to handle the investigation. If the member is incapable of completing this office’s vehicle collision form, a supervisor shall complete the form.

Any damage to a vehicle that was not caused by a traffic collision shall be immediately reported during the shift in which the damage was discovered. It shall be documented in memorandum format and forwarded to the Shift Sergeant. An administrative investigation will be conducted to determine if there is any vehicle abuse or misuse. If it is determined that misuse or abuse was a result of negligent conduct or operation, appropriate disciplinary action may result.

218.8 TOLL ROAD USE

Authorized on-duty emergency vehicles are exempt from incurring toll road charges. An authorized emergency vehicle is an on-duty vehicle of the office which is equipped with emergency lights and siren and used to respond to emergency calls (WAC 468-270-030; WAC 468-270-085; WAC 468-270-105).

To avoid unnecessary toll road violation charges, all members operating office-owned vehicles on a toll road shall adhere to the following:

(a) Members operating office-owned vehicles that are not authorized emergency vehicles shall stop and pay the appropriate toll charge.

(b) Members may submit for reimbursement from the Office for any toll fees.

(c) Members in unauthorized emergency vehicles passing through a toll plaza or booth during a response to an emergency shall draft a memo to his/her supervisor within five working days, explaining the circumstances.

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Staffing Plan

219.1 PURPOSE AND SCOPE

The propose of this policy is to establish a comprehensive staffing plan and analysis to identify staffing needs sufficient to maintain the safety and security of the facility, staff, visitors, inmates and the public.

219.2 POLICY

It is the policy of the Okanogan County Sheriff's Office to ensure the safety, security and efficient operation of this facility by assigning custody personnel according to a detailed staffing plan that is developed and maintained in accordance with law.

219.3 STAFFING PLAN REQUIREMENTS

The Chief Corrections Deputy shall ensure that a staffing plan conforming to the class type and size of this facility is prepared and maintained as described in the following section. The plan should detail all custody personnel assignments, including work hours and weekly schedules, and should account for holidays, vacations, training schedules and other atypical situations.

At minimum, the staffing plan will include the following:

- Facility administration and supervision
- Facility programs, including exercise and recreation
- Inmate supervision and custody
- Support services including medical, food services, maintenance and clerical
- Other jail-related functions such as escort and transportation of inmates

219.4 STAFFING ANALYSIS

The Sheriff or the authorized designee shall complete an annual comprehensive staffing analysis to evaluate personnel requirements and available staffing levels. The staffing analysis will be used to determine staffing needs and to develop staffing plans.

This analysis shall include information gathered in collaboration with the health care provider in each facility regarding staffing requirements. The analysis relating to health care personnel shall be annually reviewed for adequacy by the health authority.

The Chief Corrections Deputy, in conjunction with the PREA Coordinator, should ensure that staffing levels are sufficient to consistently and adequately fill essential positions, as determined by the staffing plan (28 CFR 115.13). Relief factors for each classification and position should be calculated into the staffing analysis to ensure staffing levels will consistently meet requirements. Staff should be deployed in an efficient and cost-effective manner that provides for the safety and security of the staff, inmates and the public.

The staffing analysis should be used to identify whether required activities are being performed competently and in compliance with current laws and office policies. If deficiencies are noted, the

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staffing analysis should also include recommendations regarding what corrective measures may be needed, including the following:

(a) Operational changes

(b) Equipment requirements

(c) Additional training

(d) Supervisory intervention

(e) Additional personnel

219.4.1 DATA COLLECTION FOR ANALYSIS

The following data should be collected and included in the annual staffing analysis:

- All categories of leave usage for each staff member working in the jail
- Date of hire or assignment to a jail position for each employee
- Date of transfer from the jail to another non-custody position for each member
- Annual hours of authorized overtime expended during the previous year
- Number of part-time or extra personnel hired during the previous year
- Details of any unusual occurrence or significant medical issues in the jail that were related to staffing during the previous year
- Details of claims or litigation, if any, that were related to staffing levels and were initiated against the facility in the previous year
- Labor contracts/collective bargaining agreements relating to corrections and medical personnel
- Annual training requirements that affected staffing levels in the jail
- Concerns expressed by members of the public
- Any investigations or reports by the grand jury or other government agency, jail monitor or ombudsman
- Other data that may influence the number of personnel available to occupy posted positions

219.5 REPORTING

The Sheriff will cause a report of the findings of the staff analysis to be submitted to the officials responsible for funding the jail operation.

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Body Armor and Reflective Vests

220.1 PURPOSE AND SCOPE

The purpose of this policy is to provide corrections deputy with guidelines for the proper use of body armor and high-visibility vests.

220.2 POLICY

It is the policy of the Okanogan County Sheriff's Office to maximize corrections deputy safety through the use of body armor and high-visibility vests in combination with prescribed safety procedures. While body armor and high-visibility vests provide a significant level of protection, they are not a substitute for the observance of corrections deputy safety procedures.

220.3 ISSUANCE OF BODY ARMOR

The Records Division supervisor shall ensure that body armor is issued to all corrections deputy that participate in the transport of inmates, when issued, the body armor meets or exceeds the standards of the National Institute of Justice.

Body armor shall be issued when a corrections deputy begins service at the Okanogan County Sheriff's Office and shall be replaced when the body armor becomes worn or damaged to the point that its effectiveness or functionality has been compromised.

The Sheriff may authorize issuance of body armor to uniformed, non-commissioned members whose jobs may make wearing of body armor advisable.

220.3.1 USE OF BODY ARMOR

Generally, the required use of body armor is subject to the following:

(a) Corrections Deputy shall only wear office-approved body armor.

(b) Corrections Deputy shall wear body armor any time they are in a situation where they could reasonably be expected to take enforcement action.

(c) Corrections Deputy shall wear body armor when working in uniform or taking part in office range training.

(d) Corrections Deputy are not required to wear body armor when they are functioning primarily in an administrative or support capacity and would not reasonably be expected to take enforcement action.

(e) Corrections Deputy may be excused from wearing body armor when they are involved in undercover or plainclothes work that their supervisor determines could be compromised by wearing body armor, or when a supervisor determines that other circumstances make it inappropriate to mandate wearing body armor.

1. In those instances when body armor is not worn, corrections deputy should have reasonable access to their body armor.

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220.3.2 INSPECTION OF BODY ARMOR
Supervisors should ensure through routine observation and periodic documented inspections that body armor is worn and maintained in accordance with this policy.

Annual inspections of body armor should be conducted by a person trained to perform the inspection for fit, cleanliness and signs of damage, abuse and wear.

220.3.3 CARE AND MAINTENANCE OF BODY ARMOR
The required care and maintenance of body armor is subject to the following:

(a) Corrections Deputy are responsible for inspecting their body armor for signs of damage, wear and cleanliness at the start of each shift.
    1. Unserviceable body armor shall be reported to the supervisor.

(b) Corrections Deputy are responsible for the proper storage of their body armor.
    1. Body armor should not be stored for an extended period of time in an area where environmental conditions (e.g., temperature, light, humidity) could potentially degrade its effectiveness.

(c) Corrections Deputy are responsible for the care and cleaning of their body armor pursuant to the manufacturer's care instructions.
    1. Body armor should not be exposed to any cleaning agents or methods not specifically recommended by the manufacturer.
    2. Failure to follow manufacturer's care instructions may damage the ballistic performance capabilities of the body armor. If care instructions for the body armor cannot be located, the manufacturer should be contacted to request the instructions.

(d) Body armor should be replaced in accordance with the manufacturer's recommended replacement schedule, or when its effectiveness or functionality has been compromised.

220.4 RANGEMASTER RESPONSIBILITIES
The responsibilities of the Rangemaster include, but are not limited to:

(a) Monitoring technological advances in the body armor industry for any appropriate changes to office-approved body armor.

(b) Assessing the level of weapons and ammunition currently utilized by the public and the suitability of approved body armor to protect against those threats.

(c) Educating corrections deputy about the safety benefits of wearing body armor.

220.5 ISSUANCE OF HIGH-VISIBILITY VESTS
The Office has provided American National Standards Institute (ANSI) Class II high-visibility vests to increase the visibility of office members who may be exposed to hazards presented by passing traffic, maneuvering or operating vehicles, machinery and equipment (23 CFR 655.601). Although intended primarily for use while performing traffic-related assignments, high-visibility vests should

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be worn any time increased visibility would improve the safety or efficiency of the corrections deputy.

220.5.1 REQUIRED USE OF HIGH-VISIBILITY VESTS

Except when working in a potentially adversarial or confrontational role, such as during vehicle stops, high-visibility vests should be worn when increased visibility would improve the safety of the office member or when the member will be exposed to the hazards of passing traffic, maneuvering or operating vehicles, machinery and equipment.

Examples of when high-visibility vests should be worn include traffic control duties, accident investigations, lane closures and while at disaster scenes.

When emergency conditions preclude the immediate donning of the vest, corrections deputy should retrieve and wear the vest as soon as conditions reasonably permit.

Use of the vests shall also be mandatory when directed by a supervisor.

220.5.2 CARE AND STORAGE OF HIGH-VISIBILITY VESTS

High-visibility vests shall be maintained in the trunk of each patrol and investigation unit, in the side box of each office motorcycle and in the saddlebag or gear bag of each office bicycle. Each vest should be stored inside the resealable plastic bag provided to protect and maintain the vest in a serviceable condition. Before going into service each employee shall ensure a serviceable high-visibility vest is properly stored.

A supply of high-visibility vests will be maintained in the equipment room for replacement of damaged or unserviceable vests. The Corrections Chief should be promptly notified whenever the supply of vests in the equipment room needs replenishing.

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Firearms - Corrections Officers

221.1 PURPOSE AND SCOPE

This policy provides guidelines for issuing firearms, the safe and legal carrying of firearms, and firearms maintenance

This policy only applies to those corrections deputy who are authorized to carry firearms (RCW 9.94.050).

221.2 POLICY

The Okanogan County Sheriff's Office will equip its corrections deputy with firearms to address the risks posed to the public and office corrections deputy by violent and sometimes well-armed persons. The Office will ensure firearms are appropriate and in good working order.

221.3 AUTHORIZED FIREARMS, AMMUNITION, AND OTHER WEAPONS

Corrections Deputy shall only use firearms that are issued or approved by the Office and have been thoroughly inspected by the Rangemaster. Except in an emergency or as directed by a supervisor, no firearm shall be carried by a corrections deputy who has not qualified with that firearm at an authorized office range.

All other weapons not provided by the Office, including but not limited to edged weapons, chemical or electronic weapons, impact weapons, or any weapon prohibited or restricted by law or that is not covered elsewhere by office policy, may not be carried by corrections deputy in the performance of their official duties without the express written authorization of the corrections deputy's Undersheriff. This exclusion does not apply to the carrying of a single folding pocketknife that is not otherwise prohibited by facility policy or law.

221.3.1 AMMUNITION

Corrections Deputy shall carry only office-authorized ammunition. Corrections Deputy shall be issued fresh duty ammunition in the specified quantity for all office-issued firearms during the corrections deputy's firearms qualification. Replacements for unserviceable or depleted ammunition issued by the Office shall be dispensed by the Rangemaster when needed, in accordance with established policy.

221.4 EQUIPMENT

Firearms carried on- or off-duty shall be maintained in a clean, serviceable condition.

221.4.1 REPAIRS OR MODIFICATIONS

Each corrections deputy shall be responsible for promptly reporting any damage or malfunction of an assigned firearm to a supervisor or the Rangemaster.

Firearms may be repaired or modified only by a person who is office-approved and certified as an armorer or gunsmith in the repair of the specific firearm. Such modification or repair must be authorized in advance by the Rangemaster.

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221.4.2 HOLSTERS

Only office-approved holsters shall be used and worn by corrections deputy. Corrections Deputy shall periodically inspect their holsters to make sure they are serviceable and provide the proper security and retention of the handgun.

221.5 SAFE HANDLING, INSPECTION, AND STORAGE

Corrections Deputy shall maintain the highest level of safety when handling firearms and shall consider the following:

(a) Corrections Deputy shall not unnecessarily display or handle any firearm.

(b) Corrections Deputy shall be governed by all rules and regulations pertaining to the use of the range and shall obey all orders issued by the Rangemaster. Corrections Deputy shall not dry fire or practice quick draws except under Rangemaster supervision.

(c) Corrections Deputy shall not clean, repair, load, or unload a firearm anywhere in the Office, except where clearing barrels are present.

(d) Shotguns or rifles removed from vehicles or the equipment storage room shall be loaded and unloaded in the parking lot and outside of the vehicle, using clearing barrels.

(e) Corrections Deputy shall not place or store any firearm or other weapon on office premises except where the place of storage is locked. No one shall carry firearms into the jail section or any part thereof when securing or processing an arrestee, but shall place all firearms in a secured location. Corrections Deputy providing access to the jail section to persons from outside agencies are responsible for ensuring firearms are not brought into the jail section.

(f) Corrections Deputy shall not use any automatic firearm, heavy caliber rifle, gas, or other type of chemical weapon or firearm from the armory, except with approval of a supervisor.

(g) Any firearm authorized by the Office to be carried on- or off-duty, that is determined by a corrections deputy to be malfunctioning or in need of service or repair, shall not be carried. It shall be promptly presented to the Office or a Rangemaster approved by the Department for inspection and repair. Any firearm deemed in need of repair or service by the Rangemaster will be immediately removed from service. If the firearm is the corrections deputy's primary duty firearm, a replacement firearm will be issued to the corrections deputy until the duty firearm is serviceable.

221.5.1 INSPECTION AND STORAGE

Handguns shall be inspected regularly and upon access or possession by another person. Shotguns and rifles shall be inspected at the beginning of the shift by the corrections deputy to whom the weapon is issued. The corrections deputy shall ensure that the firearm is carried in the proper condition and loaded with approved ammunition. All firearms shall be pointed in a safe direction or into clearing barrels.

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Office-owned firearms shall be stored in the appropriate equipment storage room. Handguns may remain loaded if they are secured in an appropriate holster. Shotguns and rifles shall be unloaded in a safe manner and then stored in the appropriate equipment storage room.

221.5.2 ALCOHOL AND DRUGS

Firearms shall not be carried by any corrections deputy, either on- or off-duty, who has consumed an amount of an alcoholic beverage, has taken any drugs or medication, or has taken any combination thereof that would tend to adversely affect the corrections deputy's senses or judgment.

221.6 FIREARM DISCHARGE

Except during training or recreational use, any corrections deputy who discharges a firearm intentionally or unintentionally, on- or off-duty, shall make a verbal report to their supervisor as soon as circumstances permit. If the discharge results in injury or death to another person, additional statements and reports shall be made in accordance with the office officer-involved shooting protocol. If a firearm was discharged as a use of force, the involved corrections deputy shall adhere to the additional reporting requirements set forth in the Use of Force Policy.

In all other cases, written reports shall be made as follows:

(a) If on-duty at the time of the incident, the corrections deputy shall file a written report with their Undersheriff or provide a recorded statement to investigators prior to the end of shift, unless otherwise directed.

(b) If off-duty at the time of the incident, the corrections deputy shall file a written report or provide a recorded statement no later than the end of the next regularly scheduled shift, unless otherwise directed by a supervisor.

221.6.1 WARNING AND OTHER SHOTS

Generally, warning shots or shots fired for the purpose of summoning aid are discouraged and may not be discharged unless the corrections deputy reasonably believes that they appear necessary, effective, and reasonably safe.

221.7 FLYING WHILE ARMED

The Transportation Security Administration (TSA) has imposed rules governing law enforcement officers flying armed on commercial aircraft. The following requirements apply to corrections deputy who intend to be armed while flying on a commercial air carrier or flights where screening is conducted (49 CFR 1544.219):

(a) Corrections Deputy wishing to fly while armed must be flying in an official capacity, not for vacation or pleasure, and must have a need to have the firearm accessible, as determined by the Office based on the law and published TSA rules.

(b) Corrections Deputy must carry their Okanogan County Sheriff's Office identification card, bearing the corrections deputy's name, a full-face photograph, identification number, the corrections deputy's signature, and the signature of the Sheriff or the official seal of the Office and must present this identification to airline officials when

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requested. The corrections deputy should also carry the standard photo identification needed for passenger screening by airline and TSA officials (e.g., driver license, passport).

(c) The Okanogan County Sheriff's Office must submit a National Law Enforcement Telecommunications System (NLETS) message prior to the corrections deputy's travel. If approved, TSA will send the Okanogan County Sheriff's Office an NLETS message containing a unique alphanumeric identifier. The corrections deputy must present the message on the day of travel to airport personnel as authorization to travel while armed.

(d) An official letter signed by the Sheriff authorizing armed travel may also accompany the corrections deputy. The letter should outline the corrections deputy's need to fly armed, detail their itinerary, and include that the corrections deputy has completed the mandatory TSA training for a law enforcement officer flying while armed.

(e) Corrections Deputy must have completed the mandated TSA security training covering corrections deputy flying while armed. The training shall be given by the office-appointed instructor.

(f) It is the corrections deputy's responsibility to notify the air carrier in advance of the intended armed travel. This notification should be accomplished by early check-in at the carrier's check-in counter.

(g) Any corrections deputy flying while armed should discreetly contact the flight crew prior to take-off and notify them of their assigned seat.

(h) Discretion must be used to avoid alarming passengers or crew by displaying a firearm. The corrections deputy must keep the firearm concealed on their person at all times. Firearms are not permitted in carry-on luggage and may not be stored in an overhead compartment.

(i) Corrections Deputy should try to resolve any problems through the flight captain, ground security manager, TSA representative, or other management representative of the air carrier.

(j) Corrections Deputy shall not consume alcoholic beverages while aboard an aircraft, or within eight hours prior to boarding an aircraft.

221.8 CARRYING FIREARMS OUT OF STATE

Qualified, active, full-time corrections deputy of this office are authorized to carry a concealed firearm in all other states subject to the following conditions (18 USC § 926B):

(a) The corrections deputy shall carry their Okanogan County Sheriff's Office identification card whenever carrying such firearm.

(b) The corrections deputy may not be the subject of any current disciplinary action.

(c) The corrections deputy may not be under the influence of alcohol or any other intoxicating or hallucinatory drug.

(d) The corrections deputy will remain subject to this and all other office policies (including qualifying and training).

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Corrections Deputy are cautioned that individual states may enact local regulations that permit private persons or entities to prohibit or restrict the possession of concealed firearms on their property, or that prohibit or restrict the possession of firearms on any state or local government property, installation, building, base, or park. Federal authority may not shield a corrections deputy from arrest and prosecution in such locally restricted areas. Active permits from other states are subject to all requirements set forth in 18 USC § 926B.

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Payroll Records

222.1 PURPOSE AND SCOPE

This policy provides the guidelines for completing and submitting payroll records of office members who are eligible for the payment of wages.

222.2 POLICY

The Okanogan County Sheriff's Office maintains timely and accurate payroll records.

222.3 RESPONSIBILITIES

Members are responsible for the accurate completion and timely submission of their payroll records for the payment of wages.

Supervisors are responsible for approving the payroll records for those under their commands.

222.4 TIME REQUIREMENTS

Members who are eligible for the payment of wages are paid on a scheduled, periodic basis, generally on the same day or date each period, with certain exceptions, such as holidays. Payroll records shall be completed and submitted to Records Division as established by the county payroll procedures.

222.5 RECORDS

The Chief Corrections Deputy shall ensure that accurate and timely payroll records are maintained as required by 29 CFR 516.2 for a minimum of three years (29 CFR 516.5).

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Accident, Illness, and Injury Prevention

223.1 PURPOSE AND SCOPE

The purpose of this policy is to establish an ongoing and effective plan to reduce the incidence of illness and injury for members of the Okanogan County Sheriff's Office, in accordance with the requirements of an Accident, Illness, and Injury Prevention Program (AIIPP) (WAC 296-800-140 et seq.).

This policy specifically applies to illness and injury that results in lost time or that requires medical treatment beyond first aid. Although this policy provides the essential guidelines for a plan that reduces illness and injury, it may be supplemented by procedures outside the Custody Manual.

This policy does not supersede, but supplements any related county-wide safety efforts.

223.2 POLICY

The Okanogan County Sheriff's Office is committed to providing a safe environment for its members and visitors and to minimizing the incidence of work-related accidents, illness, and injuries. The Office will establish and maintain an AIIPP and will provide tools, training, and safeguards designed to reduce the potential for accidents, illness, and injuries. It is the intent of the Office to comply with all laws and regulations related to occupational safety.

223.3 ACCIDENT, ILLNESS, AND INJURY PREVENTION PLAN

The Records Division Undersheriff is responsible for developing an accident, illness, and injury prevention plan that shall include (WAC 296-800-14005):

(a) A description of the entire accident, illness, and injury plan, including workplace safety and health training programs.

(b) A safety orientation that covers all components of the AIIPP.

(c) Regularly scheduled safety meetings.

(d) Posted or distributed safety information (WAC 296-800-19005; WAC 296-800-20005).

(e) A system for members to anonymously inform management about workplace hazards.

(f) Establishment of a safety and health committee that will (WAC 296-800-130):

1. Meet regularly.
2. Prepare a written record of safety and health committee meetings.
3. Review the results of periodic scheduled inspections.
4. Review investigations of accidents and exposures.
5. Make suggestions to command staff for the prevention of future incidents.
6. Review investigations of alleged hazardous conditions.
7. Submit recommendations to assist in the evaluation of member safety suggestions.

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8. Assess the effectiveness of efforts made by the Office to meet applicable standards (WAC 296-800-100 et seq.).

(g) Establishing a process to ensure workplace accidents involving a fatality or in-patient hospitalization of any member are reported as required to the Washington Department of Labor and Industries (WAC 296-27-031).

(h) On-the-job review and training of the practices necessary to perform the initial job assignments in a safe manner and how to properly address hazards.

(i) Instruction on reporting injuries and location of first-aid facilities.

(j) The use and care of required personal protective equipment (PPE).

(k) The proper actions to take during emergencies, including the routes for exiting work areas.

(l) Identification of the hazardous gases, chemicals, or materials, along with the instructions on their safe use and emergency action following accidental exposure.

(m) The development, supervision, implementation, and enforcement of training programs to improve the skill, awareness, and competency of all members regarding occupational safety and health (WAC 296-800-14020).

223.3.1 SAFETY COMMITTEE

The Okanogan County Sheriff's Office maintains a safety committee to communicate and evaluate safety and health issues that may affect members and to promote a safe and healthy work environment. The safety committee should include employee-elected and office-selected members. The number of employee-elected members must equal or exceed the number of office-selected members. A chairperson of the committee shall be elected (WAC 296-800-13020).

The safety committee will:

(a) Review safety and health inspection reports to help correct safety standards.

(b) Evaluate accident investigations conducted since the last meeting to determine if the causes of the unsafe situation were identified and corrected.

(c) Evaluate the AIIPP and discuss recommendations for improvement, if needed.

(d) Document attendance.

(e) Write down the subject discussed.

(f) Prepare minutes of each meeting that shall be made available for review by safety and health consultation personnel of the Washington Department of Labor and Industries.

223.4 RECORDS DIVISION UNDERSHERIFF RESPONSIBILITIES

The responsibilities of the Records Division Undersheriff include but are not limited to:

(a) Managing, implementing, and enforcing a plan to reduce the incidence of member accident, illness, and injury (WAC 296-800-14025).

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(b) Ensuring that a system of communication is in place that facilitates a continuous flow of safety and health information between supervisors and members. This system shall include:

1. New member orientation that includes a discussion of safety and health policies and procedures.
2. Regular member review of the accident, illness, and injury prevention plan.

(c) Ensuring that all safety and health policies and procedures are clearly communicated and understood by all members.

(d) Taking reasonable steps to ensure that all members comply with safety rules in order to maintain a safe work environment. This includes but is not limited to:

1. Informing members of the accident, illness, and injury prevention guidelines.
2. Recognizing members who perform safe work practices.
3. Ensuring that the member evaluation process includes member safety performance.
4. Ensuring office compliance to meet standards regarding the following:
   (a) Communicable diseases (WAC 296-823-100 et seq.)
   (b) PPE (WAC 296-800-160 et seq.)
   (c) Respiratory protection (WAC 296-800-160)
   (d) First aid (WAC 296-800-150 et seq.)
   (e) Safe workplace (WAC 296-800-110 et seq.)
   (f) Emergency Action Plan and Fire Prevention Plan (WAC 296-24-567) (see the Fire Safety and Evacuation policies).
   (g) Walking-working surfaces (WAC 296-24-735 et seq.; WAC 296-24-740 et seq.).

(e) Making available a form to document inspections, unsafe conditions or work practices, and actions taken to correct unsafe conditions and work practices.

(f) Making available a form to document individual incidents or accidents.

(g) Making available a form to document the safety and health training of each member. This form will include the member's name or other identifier, training dates, type of training, and training providers.

(h) Conducting and documenting a regular review of the illness and injury prevention plan.

223.5 SUPERVISOR RESPONSIBILITIES

Supervisor responsibilities include but are not limited to:

(a) Ensuring member compliance with accident, illness, and injury prevention guidelines and answering questions from members about this policy.

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(b) Training, counseling, instructing, or making informal verbal admonishments any time safety performance is deficient. Supervisors may also initiate discipline when it is reasonable and appropriate under the Standards of Conduct Policy.

(c) Establishing and maintaining communication with members on health and safety issues. This is essential for an injury-free, productive workplace.

(d) Completing required forms and reports relating to accident, illness, and injury prevention; such forms and reports shall be submitted to the Chief Corrections Deputy.

(e) Notifying the Chief Corrections Deputy when:

1. New substances, processes, procedures, or equipment that present potential new hazards are introduced into the work environment.
2. New, previously unidentified hazards are recognized.
3. Occupational accidents, illnesses, and injuries occur.
4. New and/or permanent or intermittent members are hired or reassigned to processes, operations, or tasks for which a hazard evaluation has not been previously conducted.
5. Workplace conditions warrant an inspection.

223.6 HAZARDS

All members should report and/or take reasonable steps to correct unsafe or unhealthy work conditions, practices, or procedures in a timely manner. Members should make their reports to a supervisor (as a general rule, their own supervisors).

Supervisors should make reasonable efforts to correct unsafe or unhealthy work conditions in a timely manner, based on the severity of the hazard. These hazards should be corrected when observed or discovered, when it is reasonable to do so. When a hazard exists that cannot be immediately abated without endangering members or property, supervisors should protect or remove all exposed members from the area or item, except those necessary to correct the existing condition.

Members who are necessary to correct the hazardous condition shall be provided with the necessary protection.

All significant actions taken and dates they are completed shall be documented on the appropriate form. This form should be forwarded to the Chief Corrections Deputy via the chain of command.

The Chief Corrections Deputy will take appropriate action to ensure the accident, illness, and injury prevention plan addresses potential hazards upon such notification.

223.7 INSPECTIONS

Safety inspections are crucial to a safe work environment. These inspections identify and evaluate workplace hazards and permit mitigation of those hazards. A hazard assessment checklist should be used for documentation and to ensure a thorough assessment of the work environment.

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The Records Division Undersheriff shall ensure that the appropriate documentation is completed for each inspection.

223.7.1 EQUIPMENT
Members are charged with daily inspections of their assigned areas and of their PPE as described in the Sanitation Inspections and Daily Activity Logs and Shift Reports policies. Members shall complete the appropriate form if an unsafe condition cannot be immediately corrected. Members should forward this form to their supervisors.

223.8 INVESTIGATIONS

Any member sustaining any work-related illness or injury, as well as any member who is involved in any accident or hazardous substance exposure while on-duty, shall report such event as soon as practicable to a supervisor. Members observing or learning of a potentially hazardous condition are to promptly report the condition to their immediate supervisors.

A supervisor receiving such a report should personally investigate the incident or ensure that an investigation is conducted. Investigative procedures for workplace accidents and hazardous substance exposures should include:

(a) A visit to the accident scene as soon as possible.

(b) An interview of the injured member and witnesses.

(c) An examination of the workplace for factors associated with the accident/exposure.

(d) Determination of the cause of the accident/exposure.

(e) Corrective action to prevent the accident/exposure from reoccurring.

(f) Documentation of the findings and corrective actions taken.

Additionally, the supervisor should proceed with the steps to report an on-duty injury, as required under the Occupational Disease and Work-Related Injury Reporting Policy, in conjunction with this investigation to avoid duplication and ensure timely reporting.

223.9 TRAINING

The Chief Corrections Deputy shall work with the Corrections Chief to provide all members, including supervisors, with training on general and job-specific workplace safety and health practices (WAC 296-800-14020). Training shall be provided:

(a) To supervisors to familiarize them with the safety and health hazards to which members under their immediate direction and control may be exposed.

(b) To all members with respect to hazards specific to each member’s job assignment.

(c) To all members given new job assignments for which training has not previously been provided.

(d) Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard.

(e) Whenever the Office is made aware of a new or previously unrecognized hazard.

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223.9.1 TRAINING TOPICS

The Corrections Chief shall ensure that training includes:

(a) Reporting unsafe conditions, work practices, and injuries, and informing a supervisor when additional instruction is needed.

(b) Use of appropriate clothing, including gloves and footwear.

(c) Use of respiratory equipment.

(d) Availability of toilet, hand-washing, and drinking-water facilities.

(e) Provisions for medical services and first aid.

(f) Handling of bloodborne pathogens and other biological hazards.

(g) Prevention of heat and cold stress.

(h) Identification and handling of hazardous materials, including chemical hazards to which members could be exposed, and review of resources for identifying and mitigating hazards (e.g., hazard labels, Safety Data Sheets (SDS)).

(i) Mitigation of physical hazards, such as heat and cold stress, noise, and ionizing and non-ionizing radiation.

(j) Identification and mitigation of ergonomic hazards, including working on ladders or in a stooped posture for prolonged periods.

(k) Back exercises/stretches and proper lifting techniques.

(l) Avoidance of slips and falls.

(m) Good housekeeping and fire prevention.

(n) Other job-specific safety concerns.

223.10 RECORDS

Records and training documentation relating to accident, illness, and injury prevention will be maintained in accordance with the established records retention schedule.

Safety committee records shall be retained for a minimum of one year (WAC 296-800-13020).

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Personal Communication Devices

224.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines for the use of mobile telephones and communication devices, whether issued or funded by the Office or personally owned, while on-duty or when used for authorized work-related purposes.

This policy generically refers to all such devices as Personal Communication Devices (PCDs) but is intended to include all mobile telephones, personal digital assistants (PDAs), wireless-capable tablets, and similar wireless two-way communications and/or portable internet-access devices. PCD use includes but is not limited to placing and receiving calls, text messaging, blogging and microblogging, emailing, using video or camera features, playing games, and accessing sites or services on the internet.

224.2 POLICY

The Okanogan County Sheriff's Office allows members to utilize office-issued or funded PCDs and to possess personally owned PCDs in the workplace, subject to certain limitations. Any PCD used while on- or off-duty for business-related purposes, or reasonably associated with work-related misconduct, will be subject to monitoring and inspection consistent with applicable law and this policy.

Additionally, the use of a PCD either on-duty or after duty hours for business-related purposes, or reasonably associated with work-related misconduct, may subject the member and the member's PCD records to civil or criminal discovery or disclosure under applicable public records laws.

Members who have questions regarding the application of this policy or the guidelines contained herein are encouraged to seek clarification from supervisory staff.

224.3 PRIVACY EXPECTATION

Members forfeit any expectation of privacy with regard to any communication accessed, transmitted, received, or reviewed on any PCD issued or funded by the Office and shall have no expectation of privacy in their location should the device be equipped with location-detection capabilities. This includes records of all keystrokes or web-browsing history made on the PCD. The fact that access to a database, service, or website requires a username or password will not create an expectation of privacy if it is accessed through office PCDs or networks (see the Information Technology Use Policy for additional guidance).

Members have no expectation of privacy regarding any communications while using a personally owned PCD for office-related business or when the use reasonably implicates work-related misconduct.

224.4 AGENCYOFFICE-ISSUED PCD

Depending on a member's assignment and the needs of the position, the Office may, at its discretion, issue or fund a PCD for the member's use to facilitate on-duty performance. Office-issued or funded PCDs may not be used for personal business either on- or off-duty unless

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authorized by the Sheriff or the authorized designee. Such devices and the associated telephone number, if any, shall remain the sole property of the Office and shall be subject to inspection or monitoring (including all related records and content) at any time without notice and without cause.

Unless a member is expressly authorized by the Sheriff or the authorized designee for off-duty use of the PCD, the PCD will be either secured in the workplace at the completion of the tour of duty or turned off when leaving the workplace.

224.5 PERSONALLY OWNED PCD

Members may carry a personally owned PCD while on-duty, subject to the following conditions and limitations:

(a) Permission to carry a personally owned PCD may be revoked if it is used contrary to provisions of this policy.

(b) The Office accepts no responsibility for loss of or damage to a personally owned PCD.

(c) The PCD and any associated services shall be purchased, used, and maintained solely at the member's expense.

(d) The device should not be used for work-related purposes except in exigent circumstances (e.g., unavailability of office communications) or as otherwise authorized by office procedures.

1. Use of a personally owned PCD for work-related business constitutes consent for the Office to access the PCD to inspect and copy the work-related data (e.g., for litigation purposes, public records retention and release obligations, internal investigations).

2. Use of, and data within, a personally owned PCD may be discoverable in cases when there is reason to believe it is associated with work-related misconduct.

3. Searches of a personally owned PCD by the Office should be limited to those matters reasonably associated with the work-related business or work-related misconduct.

(e) The device shall not be utilized to record or disclose any office business-related information, including photographs, video, or the recording or transmitting of any information or material obtained or made accessible as a result of employment or appointment with the Office, without the express authorization of the Sheriff or the authorized designee.

(f) If the PCD is carried on-duty, members will provide the Office with the telephone number of the device.

(g) All work-related documents, emails, photographs, recordings, or other public records created or received on a member's personally owned PCD should be transferred to the Okanogan County Sheriff's Office and deleted from the member's PCD as soon as reasonably practicable but no later than the end of the member's shift.

Except with prior express authorization from their supervisors, members are not obligated or required to carry, access, monitor, or respond to electronic communications using a

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personally owned PCD while off-duty. If a member is in an authorized status that allows for appropriate compensation consistent with policy or existing collective bargaining agreements or memorandums of understanding, or if the member has prior express authorization from their supervisor, the member may engage in office business-related communications. Should members engage in such approved off-duty communications or work, members entitled to compensation shall promptly document the time worked and communicate the information to their supervisors to ensure appropriate compensation. Members who independently document off-duty office-related business activities in any manner shall promptly provide the Office with a copy of such records to ensure accurate recordkeeping.

224.6 USE OF PCD

The following protocols shall apply to all PCDs that are carried while on-duty or used to conduct office business:

(a) A PCD shall not be carried in a manner that allows it to be visible while in uniform unless it is in an approved carrier.

(b) All PCDs in the workplace shall be set to silent or vibrate mode.

(c) A PCD may not be used to conduct personal business while on-duty except for brief personal communications (e.g., informing family of extended hours). Members shall endeavor to limit their use of PCDs to authorized break times unless an emergency exists.

(d) Members may use a PCD to communicate with other personnel in situations where the use of radio communications is either impracticable or not feasible. PCDs should not be used as a substitute for, as a way to avoid, or in lieu of regular radio communications.

(e) Members are prohibited from taking pictures, audio or video recordings, or making copies of any such picture or recorded media unless it is directly related to official office business. Disclosure of any such information to any third party through any means requires the express authorization of the Sheriff or the authorized designee.

(f) Members will not access social networking sites for any purpose that is not official office business. This restriction does not apply to a personally owned PCD used during authorized break times.

(g) Using PCDs to harass, threaten, coerce, or otherwise engage in inappropriate conduct with any third party is prohibited. Any member having knowledge of such conduct shall promptly notify a supervisor.

224.7 SUPERVISOR RESPONSIBILITIES

The responsibilities of supervisors include but are not limited to:

(a) Ensuring that members under their command are provided appropriate training on the use of PCDs consistent with this policy.

(b) Monitoring, to the extent practicable, PCD use in the workplace and taking prompt corrective action if a member is observed or reported to be improperly using a PCD.

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1. An investigation into improper conduct should be promptly initiated when circumstances warrant.
2. Before conducting any administrative search of a member's personally owned device, supervisors should consult with the Sheriff or the authorized designee.

224.8 OFFICIAL USE

Members are reminded that PCDs are not secure devices and conversations may be intercepted or overheard. Caution should be exercised while using PCDs to ensure that sensitive information is not inadvertently transmitted. As soon as reasonably possible, members shall conduct sensitive or private communications on a land-based or other office communications network.

224.9 USE WHILE DRIVING

The use of a PCD while driving can adversely affect safety, cause unnecessary distractions, and present a negative image to the public. Members operating office vehicles should restrict the use of these devices to matters of an urgent nature and should, where practicable, stop the vehicle at an appropriate location to use the PCD.

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Body-Worn Cameras

225.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines for the use of a body-worn camera (BWC) by corrections staff of this office and for the access, use, and retention of office BWC media (RCW 10.109.010).

The provisions of this policy, including notice, documentation, access, and retention, also apply to other portable audio/video recording devices used by members, where applicable.

225.1.1 DEFINITIONS

Definitions related to this policy include:

Activate - To place a BWC in active mode (also called event mode). In active mode, the BWC records both video and audio.

BWC media - The video, audio, and images captured by office BWCs and the associated metadata.

BWC media systems - Any software, including web-based programs and mobile applications, used by the Office to upload/download, store, view, transfer, and otherwise maintain BWC media.

Deactivate - To place a BWC in buffering mode (also called ready or pre-event mode). In buffering mode, the BWC records video (without audio) in short, predetermined intervals that are retained only temporarily. However, when a BWC is activated, the interval recorded immediately prior to activation is then stored as part of the BWC media. Deactivate does not mean powering off the BWC.

Event - A general term referring to a set of circumstances that may, but does not necessarily, correlate directly to a single incident.

225.2 POLICY

It is the policy of the Office to use BWCs and BWC media to accurately document events and interactions with inmates in a way that promotes member and inmate safety and office accountability and transparency.

225.3 RESPONSIBILITIES

225.3.1 BWC COORDINATOR RESPONSIBILITIES

The Sheriff or the authorized designee should delegate certain responsibilities to a BWC coordinator.

The responsibilities of the coordinator include:

(a) Serving as a liaison between the Office and the BWC manufacturer/distributor and any third-party media storage vendor.

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(b) Developing inventory procedures for issuing and tracking BWC equipment, including properly marking BWCs as property of the Office and recording the date each BWC is placed into or taken out of service.

(c) Assisting with troubleshooting and maintenance of BWC equipment and media systems and, when necessary, coordinating the repair or replacement of BWCs.

1. All equipment and system malfunctions and their resolutions should be documented, and maintenance and repair records should be maintained for all BWCs.

(d) Managing BWC media systems so that:

1. Access is limited to the minimum necessary authorized users and user privileges are restricted to those necessary for the member to conduct assigned office duties.

2. Security requirements, such as two-factor authentication and appropriate password parameters, are in place for user credentials.

(e) Configuring BWC media systems, or developing manual procedures, so that media is appropriately categorized and retained according to the event type tagged by corrections staff.

(f) Retaining audit logs or records of all access, alteration, and deletion of BWC media and media systems, and conducting periodic audits to ensure compliance with applicable laws, regulations, and office policy.

(g) Developing and updating BWC training for corrections staff who are assigned a BWC or given access to BWC media systems.

(h) Providing notice of the Office's use of BWCs for inmates and visitors (e.g., posting signage, updating the inmate handbook, posting on the office website or social media pages).

(i) Coordinating with the Custodian of Records or Records Chief to determine and apply proper retention periods to BWC media (see the Records and Data Practices Policy).

(j) Coordinating with the evidence technician to develop procedures for the transfer, storage, and backup of evidentiary BWC media.

225.3.2 CORRECTIONS DEPUTY RESPONSIBILITIES

Every corrections staff issued a BWC is responsible for its proper use, safekeeping, and maintenance.

At the beginning of each shift or period of BWC use, the corrections staffshould inspect their assigned BWC to confirm it is charged and in good working order. As part of the inspection, the corrections staff should perform a function test by activating the BWC and recording a brief video stating their name, identification number, assignment, and the date and time.

Corrections staff should wear their assigned BWC on their outermost garment positioned at or near chest level and as close to the center of their body as practicable. Corrections staff are

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responsible for ensuring there are no obstructions and that the BWC remains in a position suitable for recording.

When a BWC is not in the physical possession of the corrections staff to which it is assigned, it should be placed on the charging dock and stored in a secure location.

Corrections staff shall report any malfunction or damage to the BWC coordinator or on-duty supervisor as soon as practicable and, if possible, obtain a functioning BWC to use either temporarily while repairs are being made to the corrections staff's BWC or as a permanent replacement.

Failure to wear or properly use an issued BWC in accordance with this policy may result in corrective action, consistent with office procedures and applicable labor agreements.

225.4 BWC USE

The following guidelines apply to the use of BWCs:

(a) Only office-issued BWCs should be used. Corrections staff are prohibited from using any other BWC without the express consent of the Sheriff or the authorized designee.

(b) The use of office-issued BWCs shall be strictly limited to corrections staff for office-related activities (RCW 10.109.030).

(c) Members shall not use BWCs or BWC media systems for which they have not received prior authorization and appropriate training.

(d) Members shall immediately report unauthorized access or use of BWCs or BWC media systems by another member to their supervisor or the Sheriff.

225.4.1 PROHIBITIONS

BWCs should not be used to record:

(a) Routine administrative activities of the Office that do not involve interactions with inmates. Care should be taken to avoid incidentally recording confidential documents that the Office has a duty to keep secure (i.e., criminal justice information, inmate health care records).

(b) Areas within the jail where members have a reasonable expectation of privacy (e.g., locker rooms or dressing areas, breakrooms).

(c) Conversations of other members without their knowledge.

(d) When a member is taking an authorized break or otherwise engaged in personal activities.

(e) Interactions with undercover corrections staff or confidential informants.

(f) Strip searches or modified strip searches shall be treated with discretion. if possible avoid the direct recording of sensitive areas and consider audio only.(see the Searches Policy).

BWCs shall not be used for the purpose of embarrassment, harassment, or ridicule of any individual or group.

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225.5 ACTIVATION OF BWC

Corrections staff shall activate their BWC when in contact or interacting with an inmate. Also in the following activities or situations:

(a) Responding to a security incident or emergency (e.g., disturbance or riot, hostage situation, suicide attempt, escape)

(b) An inmate is aggressive, agitated, threatening, or violent toward members or other inmates

(c) Conducting any use of force or witnessing another member use force

1. For any calculated use of force, corrections staff shall activate their BWC before approaching the inmate and should state their name, identification number, the date and time, and a description of the situation and individuals involved.

(d) Applying or administering restraints to an inmate, including clinical, chemical, or electronic restraints

(e) Conducting housing unit, physical plant, or criminal evidence searches

(f) An inmate refuses health care

(g) An inmate is administered medication involuntarily

(h) Processing inmate admission and release, including the inventorying, receipting, storing, and returning of inmate property

1. Corrections staff should temporarily deactivate their BWC during an inmate's admission interview to avoid recording sensitive information (e.g., medical history).

(i) Interviewing an inmate (other than admission interviews)

(j) Transporting an inmate if an emergency occurs or the inmate becomes aggressive, agitated, threatening, or violent

(k) The corrections staff feels threatened or harassed.

This policy is not intended to describe every possible situation in which a BWC should be used. Corrections staff should activate their BWC any time the corrections staff believes it would be appropriate or valuable to document an incident.

Corrections staff are not required to activate their BWC during routine duties that do not involve interaction with inmates or inmate property (e.g., writing reports, monitoring security cameras).

Unless otherwise authorized by this policy or approved by a supervisor, BWCs should remain activated until the incident, interaction, or undertaking has concluded.

At no time are corrections staff expected to jeopardize their safety to activate their BWC. However, the BWC should be activated as soon as reasonably practicable in required situations.

If corrections staff attempts to activate their BWC but the BWC fails to record an event, the corrections staff should notify their supervisor as soon as practicable.

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225.5.1 NOTICE OF RECORDING

Unless otherwise approved based on unique circumstances, corrections staff should wear the BWC in a manner that is conspicuous and shall answer truthfully if asked whether they are equipped with a BWC or if their BWC is activated.

225.5.2 PRIVACY CONSIDERATIONS

Corrections staff should remain sensitive to the dignity of individuals being recorded and should exercise sound discretion with respect to privacy concerns.

Unless a member is responding to a security incident, an inmate is being combative, or it otherwise reasonably appears that the office's interest in recording the situation outweighs the inmate's privacy concern, corrections staff should not activate their BWCs during sensitive circumstances such as the following:

(a) When an inmate is being evaluated or treated by a medical or mental health care professional within the jail

(b) During an inmate's attorney visit or a visit with a consular officer

(c) When an inmate is using the restroom, taking a shower, or otherwise unclothed

Corrections staff should choose to mute rather than deactivate BWCs when recording video without audio is sufficient to protect the inmate's privacy (e.g., during an inmate's conversation with a mental health professional). If recording audio without video is sufficient to protect the inmate's privacy (e.g., inmate showers), the BWC should remain activated but positioned in a way that blocks the visibility of the inmate from the recording (i.e., removing the BWC and facing it toward the wall).

Before muting or deactivating their BWC, corrections staff should verbally narrate the reason on the recording. As soon as possible once the privacy concern is no longer an issue, or when circumstances change so that the privacy concern no longer outweighs the office's interest in recording the event, corrections staff should unmute or reactivate their BWC and verbally note that recording has resumed.

225.5.3 LIVESTREAMING

Livestreaming enables authorized individuals to remotely view the audio and video captured by a BWC in real time. Only supervisors approved by the Sheriff or the authorized designee shall have access to livestreaming capabilities.

Livestreaming should only be activated:

(a) For purposes of safety when the corrections staff is not responding to their radio or there is some other indication of distress.

(b) To assist with situational awareness or tactical decisions during a significant incident.

(c) When requested by the corrections staff.

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225.5.4 DOCUMENTATION

Corrections staff are encouraged to provide narration while using a BWC when it would be useful to provide context or clarification of the events being recorded. However, the use of a BWC is not a replacement for written reports and should not be referred to in a written report in place of detailing the event.

Every report prepared by a corrections staff who is issued a BWC should state "BWC available" or "BWC unavailable," as applicable, and should document:

(a) To the extent practicable and relevant, the identity of individuals appearing in the BWC media.

(b) An explanation of why BWC media is unavailable, including any malfunction, damage, or battery issue that resulted in the failure of the BWC to capture all or part of the event.

(c) Any exigency or other circumstances that prevented the corrections staff from immediately activating the recording at the beginning of the event.

(d) Any period of the event in which the corrections staff deactivated or muted their BWC and the reason for such action.

(e) If livestreaming was activated during the event, the reason for livestreaming and the members who communicated or participated in the event through BWC livestreaming.

225.6 UPLOADING BWC MEDIA

Unless otherwise authorized by a supervisor, all media from corrections staff's BWC should be properly uploaded and tagged before the end of their shift. BWC media related to a serious or high-profile event (e.g., riot, use of force incident) should be uploaded and tagged as soon as practicable following the conclusion of the event.

Following the use of deadly force by a member, an in-custody death, or other event deemed necessary, a supervisor should take possession of the BWC for each corrections staff present and upload and tag the BWC media.

225.6.1 TAGGING BWC MEDIA

Corrections staff should tag all media captured by their BWC with their name and/or identification number, the case or incident number (if applicable), and the event type. BWC media should be tagged upon uploading or, if capabilities permit tagging in the field, as close to the time of the event as possible. If more than one event type applies to BWC media, it should be tagged with each event type. If BWC media can only be tagged with a single event type, the media should be tagged using the event type with the longest retention period.

BWC media depicting sensitive circumstances or events should be tagged as restricted. BWC media should be flagged for supervisor review when it pertains to a significant event such as:

(a) An incident that is the basis of a formal or informal complaint or is likely to result in a complaint.

(b) When a member has sustained a serious injury or a line-of-duty death has occurred.

(c) When a firearm discharge, use of force incident, or in-custody death has occurred.

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(d) An event that has attracted or is likely to attract significant media attention.

Supervisors should conduct audits at regular intervals to confirm BWC media is being properly uploaded and tagged by their subordinates.

225.7 BWC MEDIA

All BWC media is the sole property of the Office. Members shall have no expectation of privacy or ownership interest in the content of BWC media.

All BWC media shall be stored and transferred in a manner that is physically and digitally secure with appropriate safeguards to prevent unauthorized modification, use, release, or transfer. Contracts with any third-party vendors for the storage of BWC media should include provisions specifying that all BWC media remains the property of the Office and shall not be used by the vendor for any purpose without explicit approval of the Sheriff or the authorized designee.

Members shall not alter, copy, delete, release, or permit access to BWC media other than as permitted in this policy without the express consent of the Sheriff or the authorized designee.

BWC media systems should not be accessed using personal devices unless authorized by the Sheriff or the authorized designee.

225.7.1 ACCESS AND USE OF BWC MEDIA

BWC media systems shall only be accessed by authorized members using the member's own login credentials and in accordance with the Information Technology Use Policy.

BWC media shall only be accessed and viewed for legitimate office-related purposes in accordance with the following guidelines:

(a) BWC media tagged as restricted should only be accessible by those designated by the Sheriff or the authorized designee.

(b) Corrections staff may review their own BWC media for office-related purposes. Corrections staff should document in their report if they reviewed BWC media before completing the report.

(c) Investigators may review BWC media pertaining to their assigned cases.

(d) Corrections staff testifying regarding an office-related event may review the pertinent BWC media before testifying.

(e) Supervisors are permitted to access and view BWC media of their subordinates.

1. Supervisors should review BWC media that is tagged as a significant event or that the supervisor is aware pertains to a significant event.

2. Supervisors should conduct documented reviews of their subordinate's BWC media at least annually to evaluate the corrections staff's performance, verify compliance with office procedures, and determine the need for additional training. The review should include a variety of event types when possible. Supervisors should review BWC media with the recording corrections staff when it would be beneficial to provide guidance or to conduct one-on-one informal training for the corrections staff.

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3. Supervisors should conduct periodic reviews of a sample of each subordinate's BWC media to evaluate BWC use and ensure compliance with this policy.

(f) The Corrections Chief is permitted to access and view BWC media for training purposes.

1. The Corrections Chief should conduct a quarterly review of a random sampling of BWC media to evaluate office performance and effectiveness and to identify specific areas where additional training or changes to protocols would be beneficial. Training Committee members may review BWC media as part of their review to identify training needs.

2. The Corrections Chief may use BWC media for training purposes with the approval of the Sheriff or the authorized designee. The Corrections Chief should use caution to avoid embarrassing or singling out a member and, to the extent practicable, should seek consent from the members appearing in the BWC media before its use for training. When practicable, sensitive issues depicted in BWC media should be redacted before being used for training.

(g) The Custodian of Records or Records Chief may access BWC media when necessary to conduct office-related duties.

(h) The BWC coordinator may access BWC media and the BWC media system as needed to ensure the system is functioning properly, provide troubleshooting assistance, conduct audits, and fulfill other responsibilities related to their role.

225.7.2 PUBLIC ACCESS

Because BWC media is likely to depict facility layout, emergency response plans, or other information that could create a security risk if made public, BWC media should not be released to the public unless disclosure is required by law or a court order. Any requests for BWC media should be referred to the Custodian of Records or Records Chief.

225.8 RETENTION OF BWC MEDIA

Non-evidentiary BWC media should be retained in accordance with state records retention laws but in no event for a period less than 60 days (RCW 42.56.240).

Unless circumstances justify continued retention, BWC media should be permanently deleted upon the expiration of the retention period in a way that it cannot be retrieved. BWC media shall not otherwise be deleted by any person without the authorization of the Sheriff or the authorized designee.

225.8.1 EVIDENTIARY BWC MEDIA

BWC media relevant to a criminal prosecution should be exported from the BWC media system and securely transferred to digital evidence storage according to established office procedures. Evidentiary BWC media is subject to the same laws, policies, and procedures as all other evidence, including chain of custody, accessibility, and retention periods.

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225.9 TRAINING

The BWC coordinator should ensure that each corrections staff issued a BWC receives initial training before use, and periodic refresher training thereafter. Training should include (RCW 10.109.010):

(a) Proper use of the BWC device and accessories.

(b) When BWC activation is required, permitted, and prohibited.

(c) How and when an individual should be informed of being recorded, including methods for communicating with persons with hearing disabilities or limited English proficiency.

(d) How to respond to an individual's request to stop recording.

(e) Proper use of the BWC media systems, including uploading and tagging procedures.

(f) Security procedures for BWC media, including appropriate access and use.

Members who are not issued a BWC but who have access to BWC media systems shall receive training on the BWC media system, including appropriate access, use, and security procedures.

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Chapter 3 - Recruitment, Selection, and Training

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Employee Orientation

300.1 PURPOSE AND SCOPE

The purpose of this policy is to define the parameters for new employee orientation. The purpose of the orientation is to provide new employees with basic information about the facility and the environment in which they will be working. Orientation is not meant to supplant other basic training required by law, ordinance or regulations.

300.2 NEW EMPLOYEE ORIENTATION

Each new facility employee shall receive an orientation upon assuming his/her duties. At a minimum, the orientation shall include:

- Working conditions
- Code of ethics
- Personnel policy manual
- Employee rights and responsibilities
- Overview of the criminal justice system
- Tour of the facility
- Facility goals and objectives
- Facility organization
- Staff rules and regulations

300.3 EMPLOYEE ACKNOWLEDGEMENTS

Office personnel assigned to provide the new employee orientation will ensure that each new employee is given copies of work rules and regulations, office ethics, and any other office documents, for which the employee will be held accountable.

The assigned Field Training Officer will collect a signature page from the employee, acknowledging receipt, review and understanding of the documents. A copy of the signature page shall be retained in the employee's personnel file in accordance with established records retention schedules (WAC 44-14-03005).

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Continuing Education and Professional Development

301.1 PURPOSE AND SCOPE

This policy is designed to support the continuing education and professional development of office personnel at all levels.

301.2 OBJECTIVES

The objective for continuing education and professional development is for all members to enhance their knowledge and skills to their fullest potential.

Members who engage in furthering their education in conjunction with skills-based training make for well-rounded employees who can better serve the mission of the Office and the community.

Supervisors should accommodate, to the extent feasible and schedules permitting, requests by personnel for shift adjustments and available leave time to assist personnel with their continuing education and professional development efforts.

301.3 POLICY

It is the policy of the Okanogan County Sheriff's Office to encourage members to participate in continuing education and professional development opportunities whenever practicable.

The Office encourages all personnel to participate in formal education on a continuing basis.

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Jail Training Officer

303.1 PURPOSE AND SCOPE

The jail training officer (TO) program is intended to provide a standardized program to facilitate the corrections deputy's transition from the academic setting to the actual performance of general corrections duties.

303.2 POLICY

It is the policy of this office to assign all new corrections deputy to a structured jail TO program that is designed to prepare the new corrections deputy to perform in a custody assignment and to provide training on all skills needed to operate in a safe, productive, and professional manner.

303.3 TRAINING OFFICER

The TO is an experienced corrections deputy trained in the art and science of supervising, training, and evaluating entry-level corrections deputy in the application of their previously acquired knowledge and skills.

303.3.1 SELECTION PROCESS

TOs will be selected based on certain requirements, including:

(a) A desire to perform the training mission.

(b) A minimum of three years as a corrections deputy.

(c) A demonstrated ability to be a positive role model.

(d) Successfully passed an internal oral interview selection process.

(e) An evaluation by supervisors and current TOs.

(f) A certificate from the state's law enforcement certifying agency, where applicable.

303.3.2 TRAINING

All TOs shall successfully complete a 40-hour course of instruction prior to being assigned a trainee.

All TOs must complete a 24-hour update course every three years while assigned to the position of TO.

303.4 TRAINING OFFICER RESPONSIBILITIES

The TO's responsibilities include the following:

(a) TOs shall complete and submit a written evaluation on the performance of their assigned trainees to the TO's immediate supervisor on a daily basis.

(b) TOs shall review the performance evaluations with the trainees each day.

(c) TOs shall complete a detailed end-of-phase performance evaluation on the assigned trainee at the end of each phase of training.

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(d) TOs shall be responsible for signing off all completed topics contained in the training manual, noting the methods of learning and evaluating the performance of the assigned trainee.

303.5 TRAINING OFFICER PROGRAM SUPERVISOR

The TO program supervisor will be selected from the rank of sergeant or above by the Chief Corrections Deputy or the authorized designee and shall possess a supervisory certificate from the Washington State Criminal Justice Training Commission (WAC 139-25-110). The supervisor's responsibilities include the following:

(a) Assign trainees to TOs

(b) Conduct TO meetings

(c) Maintain and ensure TO/trainee performance evaluations are completed in a timely manner

(d) Maintain, update, and issue the training manual to each trainee

(e) Monitor individual TO performance

(f) Monitor the overall TO program

(g) Develop ongoing training for TOs

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Recruitment and Selection

304.1 PURPOSE AND SCOPE

This policy provides a framework for employee recruiting efforts and identifying job-related standards for the selection process. This policy supplements the rules that govern employment practices for the Okanogan County Sheriff's Office and that are promulgated and maintained by the Department of Human Resources.

304.2 POLICY

In accordance with applicable federal, state, and local law, the Okanogan County Sheriff's Office provides equal opportunities for applicants and employees, regardless of actual or perceived race, ethnicity, national origin, religion, sex, sexual orientation, gender identity or expression, age, disability, pregnancy, genetic information, veteran status, marital status, and any other classification or status protected by law. The Office does not show partiality or grant any special status to any applicant, employee, or group of employees unless otherwise required by law.

The Office will recruit and hire only those individuals who demonstrate a commitment to service and who possess the traits and characteristics that reflect personal integrity and high ethical standards.

304.3 RECRUITMENT

The Records Division Undersheriff should employ a comprehensive recruitment and selection strategy to recruit and select employees from a qualified and diverse pool of candidates. The strategy should include:

(a) Identification of racially and culturally diverse target markets.

(b) Use of marketing strategies to target diverse applicant pools.

(c) Expanded use of technology and maintenance of a strong internet presence. This may include an interactive office website and the use of office-managed social networking sites, if resources permit.

(d) Expanded outreach through partnerships with media, community groups, citizen academies, local colleges, universities, and the military.

(e) Employee referral and recruitment incentive programs.

(f) Consideration of shared or collaborative regional testing processes.

The Records Division Undersheriff shall avoid advertising, recruiting, and screening practices that tend to stereotype, focus on homogeneous applicant pools, or screen applicants in a discriminatory manner.

The Records Division Undersheriff should strive to facilitate and expedite the screening and testing process, and should periodically inform each candidate of his/her status in the recruiting process.

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304.4 SELECTION PROCESS

The Office shall actively strive to identify a diverse group of candidates who have in some manner distinguished themselves as being outstanding prospects.

Minimally, the Office should employ a comprehensive screening, background investigation, and selection process that assesses cognitive and physical abilities and includes review and verification of the following:

(a) A comprehensive application for employment (including previous employment, references, current and prior addresses, education, military record)

(b) Driving record

(c) Reference checks

(d) Employment eligibility, including U.S. Citizenship and Immigration Services (USCIS) Employment Eligibility Verification Form I-9 and acceptable identity and employment authorization documents. This required documentation should not be requested until a candidate is hired. This does not prohibit obtaining documents required for other purposes

(e) Information obtained from public internet sites

(f) Financial history consistent with the Fair Credit Reporting Act (FCRA) (15 USC § 1681 et seq.)

(g) Local, state, and federal criminal history record checks

(h) Polygraph or voice stress analyzer examination (when legally permissible) (RCW 43.101.095; WAC 139-07-040)

(i) Medical and psychological examination (may only be given after a conditional offer of employment)

(j) Review board or selection committee assessment

304.4.1 VETERAN PREFERENCE

The Office will provide veteran preference percentages as required (RCW 41.04.010).

304.5 BACKGROUND INVESTIGATION

Every candidate shall undergo a thorough background investigation to verify their personal integrity and high ethical standards, and to identify any past behavior that may be indicative of the candidate's unsuitability to perform duties relevant to the operation of the Okanogan County Sheriff's Office (RCW 43.101.095; WAC 139-07-020).

304.5.1 NOTICES

Background investigators shall ensure that investigations are conducted and notices provided in accordance with the requirements of the FCRA (15 USC § 1681d).

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304.5.2 REVIEW OF SOCIAL MEDIA SITES

Due to the potential for accessing unsubstantiated, private, or protected information, the Office shall not require candidates to provide passwords, account information, or access to password-protected social media accounts (RCW 49.44.200).

The Records Division Undersheriff should consider utilizing the services of an appropriately trained and experienced third party to conduct open-source, internet-based searches and/or review information from social media sites to ensure that:

(a) The legal rights of candidates are protected.

(b) Material and information to be considered are verified, accurate, and validated.

(c) The Office fully complies with applicable privacy protections and local, state, and federal law.

Regardless of whether a third party is used, the Office should ensure that potentially impermissible information is not available to any person involved in the candidate selection process.

304.5.3 RECORDS RETENTION

The background report and all supporting documentation shall be maintained in accordance with the established records retention schedule.

304.5.4 DOCUMENTING AND REPORTING

The background investigator shall summarize the results of the background investigation in a report that includes sufficient information to allow the reviewing authority to decide whether to extend a conditional offer of employment. The report shall not include any information that is prohibited from use, including that from social media sites, in making employment decisions. The report and all supporting documentation shall be included in the candidate’s background investigation file.

304.5.5 BACKGROUND CERTIFICATION

Upon completion of the background investigation of a candidate who has received a conditional offer of employment with the Okanogan County Sheriff's Office, the background investigator shall certify to the Washington State Criminal Justice Training Commission (CJTC) that the background check is completed and there is no information found that would disqualify the candidate from certification and the candidate is suitable for employment as a corrections deputy (RCW 43.101.095).

304.6 DISQUALIFICATION GUIDELINES

As a general rule, performance indicators, candidate information, and records shall be evaluated by considering the candidate as a whole, and taking into consideration the following:

- Age at the time the behavior occurred
- Passage of time
- Patterns of past behavior

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- Severity of behavior
- Probable consequences if past behavior is repeated or made public
- Likelihood of recurrence
- Relevance of past behavior to public safety employment
- Aggravating and mitigating factors
- Other relevant considerations

A candidate's qualifications will be assessed on a case-by-case basis, using a totality-of-the-circumstances framework.

304.6.1 MANDATORY DISQUALIFICATION

No members or contractors shall be hired who have (28 CFR 115.17):

(a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 USC § 1997).

(b) Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent, or was unable to consent or refuse.

(c) Been civilly or administratively adjudicated to have engaged in the activity described in paragraph (b) of this section.

The Office shall ask all candidates who may have contact with inmates to disclose any conduct described above in written applications or interviews. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

The Office shall make reasonable efforts to contact prior institutions that the candidate has been employed by to inquire about sexual abuse allegations in accordance with 28 CFR 115.17.

304.7 EMPLOYMENT STANDARDS

All candidates shall meet the minimum standards required by state law (RCW 43.101.095; RCW 43.101.200). Candidates will be evaluated based on merit, ability, competence, and experience, in accordance with the high standards of integrity and ethics valued by the Office and the community.

Validated, job-related, and nondiscriminatory employment standards shall be established for each job classification and shall minimally identify the training, abilities, knowledge, and skills required to perform the position's essential duties in a satisfactory manner. Each standard should include performance indicators for candidate evaluation. The Department of Human Resources should maintain validated standards for all positions.

304.7.1 STANDARDS FOR CORRECTIONS DEPUTY

Candidates shall meet the minimum standards established by the CJTC (RCW 43.101.095):

(a) Be eligible for CJTC certification

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(b) Submit to a psychological evaluation conducted by a licensed psychologist or psychiatrist

(c) Submit to a polygraph examination conducted by a qualified technician

(d) Submit to a criminal history check

(e) Not been convicted of a felony offense

(f) For peace officers, be eligible to work under federal law as a U.S. citizen, lawful permanent resident, or Deferred Action for Childhood Arrivals (DACA) recipient

(g) For corrections officers, be eligible to work under federal law as a U.S. citizen or have legal authorization to work in the United States

304.8 PROBATIONARY PERIODS

The Records Division Undersheriff should coordinate with the Okanogan Department of Human Resources to identify positions subject to probationary periods and procedures for:

(a) Appraising performance during probation.

(b) Assessing the level of performance required to complete probation.

(c) Extending probation.

(d) Documenting successful or unsuccessful completion of probation.

304.9 OATH OF OFFICE

Corrections Deputy of this office are sworn to uphold the federal and state constitutions and to enforce federal, state, and local laws.

Upon employment, all sworn employees shall be required to affirm the oath of office expressing commitment and intent to respect constitutional rights in discharging the duties of a law enforcement officer.

All sworn employees shall comply with the oath of office and agency policies, including the duty to be truthful and honest in the conduct of official business.

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Training

305.1 PURPOSE AND SCOPE

This policy establishes training requirements and guidelines for corrections deputy, support personnel, supervisors, and managers. The policy addresses the training program and the probationary evaluation.

305.2 POLICY

It is the policy of this office to assign all members to a structured jail training program designed to prepare the member to perform their assigned duties in a custodial jail in a safe, productive, and professional manner.

305.3 MINIMUM TRAINING REQUIREMENTS

All members, full- or part-time, shall successfully complete all initial, annual, and advanced training as required by the Okanogan County Sheriff's Office.

Corrections Deputy shall begin training as described in RCW 43.101.220 and in accordance with WAC 139-10-210, within the initial six months of employment, unless an extension or waiver has been granted by the Criminal Justice Training Commission (CJTC).

All [FacilityManager]s and supervisors (full- or part-time) are required to complete the core training requirements for the position as specified by the CJTC within six months of appointment and complete all remaining requirements for career-level certification within one year of appointment, unless an extension or waiver has been granted by the CJTC (RCW 43.101.350).

Members assigned to work in the facility prior to completing the initial required training may do so only when under the direct supervision of a fully trained member.

305.4 JAIL TRAINING PROGRAM PHASES

The jail training program is designed to build upon the conceptual foundation taught in the basic academy or core training module, whereupon the theoretical knowledge gained in the academy can be molded into a practical skill set. The jail training program consists of the five phases described below.

305.4.1 FIRST PHASE - FACILITY ORIENTATION

The trainee will be assigned to a Training Officer (TO). The TO will, at a minimum:

(a) Brief the trainee on the purpose, scope, and responsibilities expected during the training program.

(b) Explain the evaluation system and acquaint the trainee with the rating forms that will be used.

(c) Provide the trainee with any required equipment or materials.

(d) Tour the entire facility and support services with the trainee.

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(e) Introduce the trainee to the Chief Corrections Deputy and key supervisory, administrative, and support personnel.

305.4.2 SECOND PHASE - SHADOWING

In this phase the trainee will be exposed to the many duties at each post by observing the TO demonstrate how each task is to be performed. The TO should provide instruction to the trainee and encourage the trainee to ask questions.

Time should be made available during this phase to allow the trainee to study policies and procedures, directives, post orders and any other materials deemed necessary by the TO.

The TO will monitor the trainee's progress by asking questions and administering tests on the materials and demonstrations that have been provided to the trainee.

The work performance of the trainee will be evaluated and recorded daily by the TO. Areas of deficiency will be discussed and remedial training provided if deemed necessary by the TO.

305.4.3 THIRD PHASE - HANDS-ON WITH CLOSE SUPERVISION

During this phase the TO will instruct the trainee in each required activity at each post. Once each task is demonstrated, the trainee will be directed to perform each activity under the close supervision of the TO.

The TO will provide direction as needed to the trainee during the hands-on activities.

The work performance of the trainee will be evaluated and recorded daily by the TO. Areas of deficiency will be discussed and remedial training provided if deemed necessary by the TO.

305.4.4 FOURTH PHASE - SOLO WITH MONITORING

During this phase the trainee will be directed to work solo in each area that training has been provided.

The solo activities of the trainee will be monitored by the TO and a supervisor.

The work performance of the trainee will be evaluated and recorded by the TO. Areas of deficiency will be discussed and remedial training provided if deemed necessary by the TO.

305.4.5 FIFTH PHASE - WORKING INDEPENDENTLY WITH SUPERVISION

Provided that there are no concerns about the trainee's ability, the trainee will be assigned to a shift and will be supervised regularly by the supervisor.

The supervisor, in consultation with the TO and the Chief Corrections Deputy, will make a recommendation to pass the trainee on to their assignment, to continue training, or to terminate the trainee.

305.5 PROBATIONARY PERIOD EVALUATION

Probationary employees will receive a written evaluation of their job skills and learning progress at least once a month or at the completion of each phase of training, whichever occurs first. Prior to becoming permanently appointed, each probationary employee will receive a final evaluation.

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These evaluations shall be in writing and discussed with the employee by their supervisor. The final evaluation shall be made a part of the employee's personnel record.

305.6 TRAINING OBJECTIVES

The objectives of the training program are to accomplish the following:

(a) Improve the competency of members at all levels

(b) Ensure that members can carry out the mission of the Office through a thoroughly demonstrated knowledge of office policies and procedures

(c) Increase the technical expertise and overall effectiveness of members

(d) Provide for continued professional development of office members

305.7 TRAINING EXTENSIONS

The TO can request a training extension at the conclusion of any phase. Extensions are done in two-week increments with a six-week maximum. The extensions must be requested by the TO in advance.

The trainee can be terminated at the completion of any two-week extension. The TO Manager will document any areas of concern, additional training provided and will submit recommendations to the Division Chief for review.

305.8 ANNUAL IN- SERVICE TRAINING

All employees are required to complete Annual In-Service training per their assigned job classification. The Training Manager will coordinate with the Chief Jail Administrator to assign Annual In-Service training that meets the current RCW and CJTC requirements.

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Prison Rape Elimination Act Training

309.1 PURPOSE AND SCOPE

This policy establishes an education and training process related to implementation of the Prison Rape Elimination Act of 2003 (PREA) and the implementing regulation (PREA Rule) (28 CFR 115.5 et seq.).

309.2 POLICY

The Okanogan County Sheriff's Office endeavors to comply with the training standards in the PREA Rule and to ensure that all staff, volunteers and contractors are aware of their responsibilities and that staff, volunteers, contractors and inmates are aware of the policies and procedures of the facility as they relate to PREA.

Individuals who are considered professional visitors, e.g. legal counsel or investigators, will be advised of the office policy on sexual abuse and the provisions of the PREA.

Professional visitors may be required to sign and acknowledgement that they have read and understand the office policy on sexual abuse.

309.3 MEMBER TRAINING

All staff, volunteers and contractors who may have contact with inmates shall receive office-approved training on the prevention and detection of sexual abuse and sexual harassment within this facility. The Corrections Chief shall ensure that the staff receives training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any questions the arrestees and inmates may have regarding sexual assault or abuse, and that they are familiar enough with the reporting process to take an initial report of a sexual assault or abuse. The Corrections Chief shall be responsible for developing and administering this training, covering at minimum (28 CFR 115.31; 28 CFR 115.32):

- The zero-tolerance policy for sexual abuse and sexual harassment and how to report such incidents.
- The dynamics of sexual abuse and sexual harassment in confinement.
- The common reactions of sexual abuse and sexual harassment victims.
- Prevention and intervention techniques to avoid sexual abuse and sexual harassment in the jail.
- Procedures for the investigation of a report of sexual abuse and/or sexual harassment.
- Individual responsibilities under sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.
- An individual’s right to be free from sexual abuse and sexual harassment.
- The right of inmates to be free from retaliation for reporting sexual abuse and sexual harassment.

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- How to detect and respond to signs of threatened and actual sexual abuse.
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates.
- How to comply with relevant laws related to mandatory reporting of sexual abuse and sexual harassment to outside authorities.
- How to avoid inappropriate relationships with inmates.

Training shall be tailored according to the sex of the inmates at the facility. Staff should receive additional training on security measures and the separation of male and female populations in the same facility if the staff has been reassigned from a facility that houses only male or female inmates.

Training should include written testing to validate knowledge and understanding of the material. The Corrections Chief shall document, through signature or electronic verification, that staff, volunteers and contractors have received and understand the training. The Training Section will maintain training records on all staff receiving training in accordance with procedures developed by the Corrections Chief.

The Corrections Chief shall ensure that members undergo annual refresher training that covers the office's sexual abuse and sexual harassment policies and related procedures (28 CFR 115.31).

309.4 SPECIALIZED MEDICAL TRAINING

All full- and part-time qualified health care and mental health professionals who work regularly in the facility shall receive all of the member training listed above, as well as training that includes (28 CFR 115.35):

(a) Detecting and assessing signs of sexual abuse and sexual harassment.

(b) Preserving physical evidence of sexual abuse.

(c) Responding effectively and professionally to victims of sexual abuse and sexual harassment.

(d) Reporting allegations or suspicions of sexual abuse and sexual harassment.

If the qualified health care and mental health professionals employed by this facility conduct forensic examinations, they shall receive the appropriate training to conduct such examinations.

The Corrections Chief shall maintain documentation that the facility’s health care and mental health professionals have received the training referenced above, either from this office or elsewhere.

309.5 SPECIALIZED INVESTIGATIVE TRAINING

Specialized investigative training for investigators shall include the uniform evidence protocol to maximize potential for obtaining useable physical evidence; techniques for interviewing sexual abuse victims; proper use of *Miranda* and *Garrity* warnings; sexual abuse evidence collection

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in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution (28 CFR 115.21; 28 CFR 115.34).

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Chapter 4 - Emergency Planning

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Facility Emergencies

400.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a plan to appropriately respond to emergencies within the facility and to ensure all affected personnel receive timely training regarding emergency response. This policy is intended to protect the community, employees, visitors, inmates and all others who enter the jail, while allowing the facility to fulfill its primary purpose.

Facility emergencies related to fire will be addressed in the Fire Safety Policy.

400.2 POLICY

It is the policy of this office to have emergency response plans in place to quickly and effectively respond to and minimize the severity of any emergency within the facility.

400.3 PROCEDURE

The Chief Corrections Deputy should develop, publish and review emergency response plans that address the following:

(a) Escapes

(b) Disturbances/Riots

(c) Taking of hostages

(d) Civil disturbances

(e) Natural disasters

(f) Periodic testing of emergency equipment

(g) Other emergencies as needs are identified

The facility emergency response plans are intended to provide the staff with current methods, guidelines and training for minimizing the number and severity of emergency events that may threaten the security of the facility or compromise the safety of staff, inmates or the community.

The emergency response plans are intended to provide information on specific assignments and tasks for personnel. Where appropriate, the emergency response plans will include persons and emergency departments to be notified.

The emergency response plans should include procedures for continuing to house inmates in the facility; the identification of alternative facilities outside the boundaries of the disaster or threat and the potential capacity of those facilities; inmate transportation options; and contact information for allied agencies.

The emergency response plans shall be made available to the staff, volunteers and contractors working in the facility as needed.

During any emergency within the facility all access/exit control points to the facility will be secured. Only emergency responders or other designated individuals will be granted access to the facility with permission from the Incident Commander. During an emergency event only designated staff

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or Public Information Officer will share information with the general public, media or others as determined by the Incident Commander.

400.4 LOCKDOWN

Upon detecting any significant incident that threatens the security of the facility, such as a riot or hostage situation, staff shall immediately notify Control Room and the Shift Sergeant. The Shift Sergeant, or in his/her absence Control Room, may determine whether to order a partial or full lockdown of the facility and shall notify the Chief Corrections Deputy as soon as practicable.

If a lockdown is ordered, all inmates will be directed back to their housing units/cells. All inmates in transit within the facility will either be escorted back to their housing units/cells or to another secure location (holding cell). The Shift Sergeant should instruct any staff not directly involved in the lockdown to escort any visitors and non-essential contractors out of the facility.

A headcount shall be immediately conducted for all inmates, visitors, contractors and staff. The Shift Sergeant shall be immediately notified of the status of the headcount. If any person is unaccounted for the Shift Sergeant shall direct an immediate search of the facility and notify the Chief Corrections Deputy of the situation as soon as practicable.

Lockdown is not to be used as a form of punishment. It may only be used to ensure order.

400.4.1 COMMUNICATION

If deemed necessary, the Shift Sergeant may request that the telephone company cut, reroute or divert telephone lines for the purpose of preventing telephone communication between the inmates and any person other than a peace officer or a person authorized by the Shift Sergeant (RCW 70.85.110 and RCW 70.85.100).

400.5 HUNGER STRIKE

Upon being made aware that one or more inmates is engaging in a hunger strike, the staff will notify the Shift Sergeant, who will notify the Chief Corrections Deputy. The Chief Corrections Deputy should evaluate the basis for the strike and seek an appropriate resolution.

Should the Chief Corrections Deputy be unable to resolve the grievance leading to the strike, the Chief Corrections Deputy will notify the Sheriff and provide updates on the status of the hunger strike.

400.5.1 NOTIFICATION OF QUALIFIED HEALTH CARE PROFESSIONALS

The Chief Corrections Deputy or the authorized designee should notify the Responsible Physician to review, coordinate and document any medical actions taken, based upon protocols and/or at the direction of qualified health care professionals, in response to a hunger strike.

Qualified health care professionals should monitor the health of inmates involved in the hunger strike and make recommendations to the Chief Corrections Deputy or the supervisory staff responsible for oversight of the incident.

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If an inmate is engaging in a hunger strike due to a mental condition, the appropriate medical protocols for mental illness will be followed.

400.5.2 RESPONSE TO HUNGER STRIKES

Beginning at the line staff level, a resolution to grievances should be sought at the lowest level. The Inmate Grievances Policy shall guide staff on resolving inmate grievances.

If the hunger strike remains unresolved, the Chief Corrections Deputy may direct the appropriate staff to examine the inmate commissary purchases made in advance of the hunger strike, and to monitor commissary purchases made during the hunger strike. Additional staff should be directed to observe the cell area, including trash containers, of the inmates involved for evidence of food items purchased from the commissary and of food hoarding.

400.5.3 LEGAL GUIDANCE

If attempts to resolve the grievance are unsuccessful or not reasonably possible, the Sheriff should consider consulting with legal resources as appropriate to develop other steps to resolve the issues.

400.6 RESPONSE TO DISTURBANCES

The staff should attempt to minimize the disruption to normal facility operations caused by a disturbance by attempting to isolate the disturbance to the extent possible. The staff should immediately notify the Shift Sergeant or the Chief Corrections Deputy of the incident. The Shift Sergeant or Chief Corrections Deputy may direct additional staff as needed to resolve the disturbance.

400.6.1 NOTIFICATIONS

The Shift Sergeant should notify the Chief Corrections Deputy of the disturbance as soon as practicable. Based on the seriousness of the event, the Chief Corrections Deputy should notify the Sheriff.

400.6.2 NOTIFICATION OF QUALIFIED HEALTH CARE PROFESSIONALS

The Chief Corrections Deputy or the authorized designee should notify the appropriate qualified health care professionals in order to review, coordinate and document medical actions based upon protocols and/or at the direction of the Responsible Physician.

400.6.3 REPORTING

The Shift Sergeant or Chief Corrections Deputy should direct that an incident report be completed containing the details of the disturbance no later than the end of the shift. If appropriate, a crime report shall be initiated and prosecution sought.

400.7 RIOTS

Riots occur when an unruly inmate or inmates forcibly and/or violently take control or attempt to take control of any area within the confines of the jail.

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Staff should make reasonable attempts to prevent inmate-on-inmate violence but should take measures to avoid being engulfed in the problem, thereby exacerbating the situation.

400.7.1 RESPONSE TO RIOTS

Once the area of the disturbance is secured and isolated from other areas of the facility, time is generally on the side of staff. If possible, the process of quelling the disturbance should slow down in order for staff to develop response plans, to ensure there are adequate facility personnel to effectively take the required actions, and that responding staff are appropriately equipped with protective gear.

Staff should evaluate their response given the totality of circumstances in any situation, but generally should not enter the space where a riot is occurring until sufficient staff members are present to safely suppress the riot. Nothing in this policy shall prohibit any staff member from assisting staff members who are being assaulted.

All inmates who have participated in a riot shall be separated and secured as soon as practicable. If necessary, injured inmates shall receive a medical evaluation and treatment. If the injured inmate is medically cleared to remain in the jail, he/she will be reclassified and moved to appropriate housing.

Other housing units must be secured, with sufficient staff remaining at their posts to continue to supervise the unaffected units. When the riot has been suppressed, all involved staff must immediately return to their assigned posts.

400.7.2 QUALIFIED HEALTH CARE PROFESSIONAL RESPONSE

A supervisor or the authorized designee should notify the qualified health care professionals and identify a staging area for medical emergency responders and for medical triage should it appear to be necessary.

The Responsible Physician or the authorized designee should be included in developing the response plan as it relates to the potential for a medical response, medical triage and treatment activities, and the safety and security of medical personnel during the incident.

400.7.3 NOTIFICATIONS

As soon as practicable, the Shift Sergeant or a responsible staff member shall notify the Chief Corrections Deputy, who in turn, shall notify the Sheriff.

400.7.4 REPORTING

The Chief Corrections Deputy or Shift Sergeant shall direct that a report be written detailing the incident by the end of the shift. If appropriate, a crime report will also be prepared by the responsible law enforcement agency.

400.7.5 DEBRIEFING

All responding staff, including medical responders, shall be debriefed on the incident as soon as practicable after the conclusion of the emergency incident. The staff shall examine the incident

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from the perspective of what worked, what actions were less than optimal and how the response to a future incident might be improved.

If appropriate, the details of the incident will be used to develop a training course for responding to facility disturbances. The goal of any debriefing process is continuous improvement. The debriefing should be focused on the incident and an improved response. A moderator should be used to ensure that no individual or group involved in the response is publicly ridiculed.

400.8 HOSTAGES

The Office does not recognize the taking of hostages as a reason to relinquish control of the jail environment. All staff, inmates, visitors, volunteers and contractors shall be informed of the “no hostage” policy prior to entering the facility for the first time and shall sign an acknowledgment, which the facility shall retain.

It is the policy of the Okanogan County Sheriff's Office to use all available resources necessary to bring about a successful end to a hostage situation.

400.8.1 RESPONSE TO HOSTAGE INCIDENT

Control Room should immediately be notified at the earliest sign of a hostage incident. Control Room shall notify the Shift Sergeant and Chief Corrections Deputy. The Chief Corrections Deputy will notify the Sheriff as soon as practicable.

The Shift Sergeant or Chief Corrections Deputy shall make every effort to ensure that the hostage incident remains confined to the smallest area possible. All door controls accessible to the inmate shall be disabled. Emergency exits that lead outside the secure perimeter shall be guarded.

400.8.2 NOTIFICATION OF QUALIFIED HEALTH CARE PROFESSIONALS

At the direction of the Shift Sergeant or the authorized designee, the qualified health care professionals should be notified in order to identify a location and form a logistical plan for medical triage. The location also shall serve as a medical staging area for other medical emergency responders.

400.8.3 HOSTAGE RESCUE

Communications with the hostage-taker should be established as soon as practicable. Hostage-taker demands for the staff to open doors will not be met. A hostage rescue team should be immediately summoned and the established protocols for resolving the situation shall be implemented. The Chief Corrections Deputy and Sheriff should be consulted regarding decisions faced by the hostage rescue team.

400.8.4 REPORTING AND DEBRIEFING

Following the conclusion of a hostage incident, the Chief Corrections Deputy should direct that an incident report be completed by the end of the shift. All aspects of the incident should be reviewed, focusing on the incident and the outcome, with the intent of using the incident as an opportunity for continuous improvement and to identify additional training or systemic changes that may be required.

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400.9 ESCAPES

Upon being made aware that an escape may have occurred, or did in fact occur, the staff member should immediately notify Control Room. Control Room should notify the Shift Sergeant or Chief Corrections Deputy. As soon as practicable, the Chief Corrections Deputy should notify the Sheriff.

Once the escape is verified and immediate actions taken inside the facility (lockdown, etc.), the Shift Sergeant should notify all local law enforcement agencies.

400.9.1 INMATE COUNTS

As soon as the facility is fully locked down, a full inmate/wristband count should be taken. All inmates who are outside of the secure perimeter of the facility (e.g., court, work details) should be located and identified. Any missing inmate should have his/her identity disclosed and his/her facility record should be accessed by the Chief Corrections Deputy.

400.9.2 SEARCH

Concurrent with the lockdown, the area surrounding the facility should be searched for the escapee. Areas where an inmate may be hiding or may have discarded jail clothing should be searched first. Any witnesses should be interviewed.

Classification officers will develop a flyer with the inmate's name, description, the inmate's latest picture, classification status and charges, and supply it to the custody staff and local law enforcement. Local law enforcement should also be given the inmate's last known address and a list of his/her associates.

400.9.3 REPORTING

The Shift Sergeant or a designated staff member should submit an incident report to the Chief Corrections Deputy. A crime report should also be written regarding the escape. The incident report should focus on events and physical plant weaknesses that contributed to the escape. The Chief Corrections Deputy should review the reports, interview involved parties and develop action plans to minimize the risk of future occurrences.

400.10 CIVIL DISTURBANCES OUTSIDE OF THE JAIL

Upon being notified that jail space will be needed in response to a civil disturbance involving mass arrests, the Shift Sergeant should notify the Chief Corrections Deputy. The Chief Corrections Deputy should make the determination regarding the magnitude of the event and whether it warrants notification of the Sheriff.

The size of the event may also require a lockdown, suspension of any programs that are not critical to jail operations, and/or implementation of alternate staffing plans. To accommodate the influx of inmates, the Shift Sergeant should develop a housing plan that will not adversely affect the safety and security of the facility. Program spaces, such as exercise yards, classrooms and dayrooms, may be used to temporarily house a limited number of additional inmates.

In the event that the jail can no longer accept additional inmates without compromising the safety and security of the facility, mutual aid may be requested from allied counties.

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400.11 REVIEW OF EMERGENCY PROCEDURES

The Chief Corrections Deputy should ensure that there is a review of emergency procedures at least annually. This review should be documented with reports submitted to the Chief Corrections Deputy or the authorized designee within 10 days of the review for approval. This review should also include the signatures or initials of the facility staff responsible for the review. At a minimum, the review shall include:

- Assignment of persons to specific tasks in emergency situations.
- Instructions in the use of the alarm systems and signals.
- Systems for the notification of appropriate persons outside of the facility.
- Information on the location and use of emergency equipment in the facility.
- Specification of evacuation routes and procedures.

400.12 TRAINING

The staff shall be trained annually on this policy. This facility will provide emergency preparedness training as part of orientation training for all personnel assigned to the facility and for those who may be required to respond to the facility in an emergency. The staff shall also receive refresher training at least annually in the emergency response plans. The Corrections Chief is responsible for developing and delivering appropriate initial training and annual refresher training.

Emergency planning training should occur in the form of classroom instruction (or roll call training), mock practical exercises and drills. Each type of emergency covered in the emergency response plan must be included in the training.

A lesson plan, staff training sign-up sheet with the dates and the times training should be provided, and proof of competency (testing) for each participant should be maintained by the Corrections Chief.

The Corrections Chief shall forward an annual report to the Sheriff and Chief Corrections Deputy on the status of emergency response plan training. Any training deficiencies identified in this report should be rectified within 90 days of the report.

The facility emergency plan and all training shall be documented by the Corrections Chief and retained in accordance with established records retention schedules.

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Emergency Staffing

401.1 PURPOSE AND SCOPE

The facility must operate at all times as a safe and secure environment, regardless of staffing levels. Consequently, contingency plans must be made in advance for any staffing emergency or planned job action, regardless of the length of the staffing deficit.

The purpose of this policy is to establish roles and responsibilities for creating and implementing emergency staffing plans, providing appropriate emergency staffing training to supervisory and management personnel, and identifying an update schedule and distribution list for the plan, as identified by the Sheriff or the authorized designee.

401.2 POLICY

It is the policy of this office to be prepared to operate a safe and secure facility in the event of a staffing emergency. Staffing emergencies that could negatively affect the good order the facility may include, but are not limited to, an outbreak of infectious disease, a work stoppage or strike by the staff, a natural disaster or other disruption. The Chief Corrections Deputy or the authorized designee shall be responsible for ensuring that an appropriate emergency staffing plan exists.

401.2.1 EMERGENCY STAFFING

In the event the Chief Corrections Deputy becomes aware that a staffing emergency exists or may occur, staff members who are present may be ordered to remain at their posts. The Chief Corrections Deputy will notify the Sheriff. Plans should include measures to achieve minimum staffing for the facility within four hours of a staffing emergency and may include the following operational adjustments:

- The facility may go to a lockdown. Minimum activities, including visiting, exercise and other programs will be suspended only if necessary. Meals, cleaning, medical services, court transportation and attorney visits will continue. Other activities will be assessed by the Chief Corrections Deputy on a case-by-case basis.
- Personnel may have time-off cancelled or rescheduled for the duration of the staffing emergency.
- Staff from other areas of the office who have custody experience may be used to fill vacancies in the facility.
- Assistance from allied agencies may be requested to help in safely staffing the facility.
- Contracting with surrounding facilities may be necessary if adequate staffing cannot be obtained to safely operate the facility.
- In the event of a health-related staffing emergency, the office Exposure Control Officer and medical staff shall be notified in accordance with the Communicable Diseases Policy.

401.2.2 LEGAL ASSISTANCE

Employees of this office may not participate in work stoppages or strikes (RCW 41.56.120).

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In cases where the Chief Corrections Deputy becomes aware that a work stoppage is planned or has occurred, legal counsel should be consulted for assistance in preparing the necessary legal action to either prevent the work stoppage or to cause it to cease. Immediate contact with the employees' representatives may also be necessary to prevent or conclude the job action.

401.2.3 TRAINING

The Chief Corrections Deputy or the authorized designee should be responsible for:

(a) Establishing a distribution list for the contingency plan.

(b) Establishing a periodic review and update of the plan.

(c) Ensuring that all supervisors and managers are periodically trained on the plan.

(d) Ensuring that all supervisors and managers are provided a copy of the plan and/or a means to access it in the event of an emergency.

(e) Documenting all training.

(f) Maintaining training records for each supervisor and manager and ensuring that those personnel periodically receive appropriate update training on the plan.

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Chapter 5 - Inmate Management

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Reception

502.1 PURPOSE AND SCOPE

This policy establishes guidelines for admission, including implementing security measures, processing initial classification, processing immigration detainers, identifying medical and mental health issues, seizing and storing personal property, and providing intake telephone calls.

502.2 POLICY

This office shall use the following standardized guidelines when receiving individuals to be booked into this jail to maintain security and to respect individuals' civil rights.

502.3 PRE-BOOKING SCREENING

All individuals shall be screened prior to booking to ensure each individual is physically acceptable for admission and that all arrest or commitment paperwork is present (see the Medical Screening Policy). Required paperwork includes, as applicable:

(a) Arrest reports

(b) Probable cause declarations

(c) Warrants or court orders

(d) Victim notification information

(e) Documentation of needs related to religious practices, such as diet, clothing, and appearance (see the Religious Programs Policy)

(f) Accommodation requests related to disabilities (see the Inmates with Disabilities Policy)

(g) Information regarding suicidal statements or actions, or assessments of suicide risk

(h) Medical and mental health records

Any discrepancies in required paperwork should be resolved or missing documentation located before accepting the individual for booking from the arresting or transporting corrections deputy.

Prior to accepting custody of an individual who claims to have been arrested due to a mistake of identity or an individual who claims that identity theft led to the issuance of a warrant in the individual's name, members shall make reasonable efforts to investigate the claim of identity fraud or mistake. Members shall notify a supervisor when an individual makes a claim of mistaken identity or identity fraud.

502.4 SEARCHES BEFORE ADMISSION

The Chief Corrections Deputy shall be responsible for designating which items will be considered contraband, approved personal property, and excess personal property, and for creating procedures regarding the disposition of each category of property.

All individuals and their property shall be searched for contraband before being accepted for booking. All contraband items will be handled according to jail procedures. Items of possible

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evidentiary value may be turned over to the arresting or transporting corrections deputy for processing or be processed according to the jail's rules for handling evidence (see the Disposition of Evidence Policy). Approved personal property should be accepted. Items not approved should be returned to the arresting or transporting corrections deputy prior to the individual being accepted for booking, or disposed of according to jail procedures. A description of the items returned to the arresting or transporting corrections deputy shall be documented in the individual's booking record.

Searches shall be conducted in accordance with the Searches Policy.

502.5 ADMISSION PROCESS

A unique booking number shall be assigned to each individual specific to the current admission. Photographs and fingerprints shall be taken (RCW 43.43.735).

Members facilitating the admission process should attempt to gather a comprehensive record of each individual, including the following:

- Identifying information, including name and any known aliases or monikers
- Current or last known address and telephone number
- Date and time of arrest
- Date and time of admission
- Name, rank, agency, and signature of the arresting corrections deputy and transporting corrections deputy, if different
- Health insurance information
- Legal authority for confinement
- Sex
- Gender identity
- Age
- Date of birth
- Race
- Height and weight
- Occupation and current or most recent employer
- Emergency contact, including name, address, telephone number, and relationship to the individual
- Driver license number and state where issued or state identification number
- Social Security number
- Additional information concerning special custody requirements or special needs
- Local, state, and federal criminal history records

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- Notation of any unique marks or physical characteristics, such as scars, birthmarks, or tattoos
- Medical clearance, if applicable
- Suicide risk
- Inventory of all personal property, including clothing, jewelry, and money
- A record of personal telephone calls made at the time of booking or the opportunity to place calls if the calls were not made
- Name of booking staff member
- Records related to past periods of detention at the jail

Members shall not inquire or collect information about an individual's immigration or citizenship status or place of birth unless there is a direct connection between the information and an investigation into a violation of state or local criminal law (RCW 10.93.160). Members shall be instructed to leave fields or check boxes on forms blank if related to place of birth, immigration or citizenship status, and national origin.

502.5.1 LEGAL BASIS FOR DETENTION

Individuals admitted to the jail shall be notified of the charge or other legal basis of confinement in a language they understand.

502.5.2 MISSING PERSON REPORT

When completing the admission process, if information from the National Crime Information Center, Washington Crime Information Center, or similar authority reveals that the individual is the subject of a missing person report, the Okanogan County Sheriff's Office shall notify the agency with original jurisdiction for the missing person report that the individual is in custody (RCW 68.50.320).

502.5.3 TRIBAL LAW ENFORCEMENT NOTIFICATION

If an individual's criminal history records show that the individual is a tribal fugitive and the subject of an arrest warrant issued by a noncertified tribe, the Okanogan County Sheriff's Office shall notify the tribal law enforcement agency that the individual is in custody, the reason for the detention, and the anticipated date of release, if known (RCW 10.32.010; RCW 10.32.030).

502.6 TRANSITION FROM RECEPTION TO HOUSING UNITS

The Shift Sergeant or the authorized designee is responsible for ensuring only individuals who qualify are placed into appropriate housing. Those who will not be housed include individuals who are:

(a) Eligible for release following citation.

(b) Intoxicated or under the influence of any intoxicating substance.

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(c) Arranging bail. Such individuals should be permitted a reasonable amount of time, at the discretion of the Shift Sergeant or designee, to make telephone calls before being housed.

502.6.1 MONITORING FOR SIGNS OF INTOXICATION AND WITHDRAWAL

Members should respond promptly to an individual's complaint of symptoms and remain alert to signs of drug and alcohol overdose and withdrawal, which include but are not limited to sweating, nausea, abdominal cramps, anxiety, agitation, tremors, hallucinations, rapid breathing, and generalized aches and pains. Any member who suspects that an individual may be suffering from overdose or experiencing withdrawal symptoms shall promptly notify the Shift Sergeant and the appropriate medical staff.

502.6.2 SEPARATION

Individuals should be kept separate from admitted individuals during the admission process. When justified, individuals may be moved to administrative segregation during the booking process (see the Special Management Inmates Policy).

Newly admitted individuals should be separated according to the jail's classification plan (see the Inmate Classification Policy).

502.7 PROPERTY CONTROL

All approved personal property received from individuals at the time of booking shall be inventoried. A receipt referencing the individual's booking number should be signed by the individual and the booking member. The original copy of the property receipt should be retained and placed in the individual's file and/or with the property. A second copy should be presented to the individual at the time of booking. Excess personal property shall be handled according to jail procedures.

502.7.1 VERIFICATION OF MONEY

All monies belonging to the individual shall be verified in front of the individual. The individual should initial the dollar amount on the booking sheet. All money should be placed in a separate envelope and sealed.

Negotiable checks or other instruments and foreign currency shall also be sealed in an envelope with the amount indicated but not added to the cash total. Jewelry and other small property shall also be sealed in an envelope. All envelopes shall clearly indicate the contents on the front. The member sealing an envelope shall initial across the sealed flap. Should any money be withdrawn or added to the cash envelope, the member making the change shall enter the new amount below the original entry on the booking sheet, initial it, and write the new total on the outside of the envelope.

502.7.2 PROPERTY STORAGE

All approved property should be stored in a secure storage area. Only authorized personnel may access the storage area and only for the purpose of depositing or retrieving property, or to conduct

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authorized work, including maintenance and other duties as directed by the Chief Corrections Deputy.

502.8 TELEPHONE CALLS

Every individual should be allowed to make a reasonable number of completed telephone calls as soon as possible after arrival.

(a) Telephone calls may be limited to local calls, but long-distance calls may be made by the individual at their own expense.

1. The Office should pay the cost of any long-distance calls related to arranging for the care of a child or dependent adult.

(b) The individual should be given sufficient time to make any necessary arrangements, including child or dependent adult care, or transportation upon release.

1. These telephone calls are not intended to be lengthy conversations. The member assigned to monitor or process the individual may use their judgment in determining the appropriate duration of the calls.

(c) Calls to an attorney shall be deemed confidential and shall not be monitored, eavesdropped upon, or recorded.

There is no obligation for members to make a telephone call on an individual's behalf; however, members shall facilitate reasonable accommodations to individuals with disabilities to make phone calls (see the Inmates with Disabilities Policy). A member is not required to wake a sleeping individual so that the individual may complete a call. The individual should be provided the opportunity to make telephone calls once awake.

502.9 SHOWERING AND CLOTHING EXCHANGE

Individuals may be required to shower before being dressed in clean jail clothing. Showering should occur before transfer from the temporary holding area to a housing unit (see the Inmate Hygiene Policy).

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Inmate Safety Checks

504.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a requirement for conducting visual safety checks at least every 60 minutes for all inmates, and for creating and maintaining a log to document all safety checks.

504.2 POLICY

It is the policy of the Okanogan County Sheriff's Office that all correctional staff shall conduct safety checks at least once every 60 minutes on all inmates, or more frequently as determined by inmate custody status and/or housing classification.

Safety checks shall be made through direct visual observation. Cameras and monitors may supplement the required visual observation safety checks but they shall not replace the need for direct visual observation. Safety checks will be clearly documented on permanent logs within the Guard1 database in accordance with the office Daily Activity Logs and Shift Reports Policy.

504.3 SAFETY CHECKS

The staff shall adhere to the following procedures when conducting safety checks:

(a) Safety checks shall be conducted at least every 60 minutes and more frequently if necessary.

(b) Safety checks shall be conducted on an irregular schedule (staggered) so that inmates cannot predict when the checks will occur.

(c) Safety checks shall be done by personal observation of the corrections deputy and shall be sufficient to determine whether the inmate is experiencing any stress or trauma.

(d) Cameras and monitors may supplement the required visual observation safety checks but they shall not replace the need for direct visual observation.

(e) Safety checks will be clearly documented on permanent logs within the Guard1 database in accordance with the office

(f) Actual times of the checks and notations should be recorded on the Guard1 database.

(g) Guard1 database entries shall never be made in advance of the actual check. Guard1 database entries made in this manner do not represent factual information and are prohibited.

(h) Special management Inmates shall be checked more frequently as detailed in the Special Management Inmates Policy.

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Special Management Inmates

505.1 PURPOSE AND SCOPE

Inmates who pose a heightened risk to themselves or others require special management, including frequent interaction and increased supervision by staff. Interaction with special management inmates is essential to maintaining a safe, secure and humane environment. This policy establishes guidelines and procedures for interacting with special management inmates in the custody of the Okanogan County Sheriff's Office.

505.1.1 DEFINITIONS

Definitions related to this policy include:

Administrative segregation - The physical separation of an inmate who is prone to escape or assault staff or other inmates, or one who is mentally deficient, in need of medical isolation or infirmary status. This is a non-punitive classification process.

Protective custody - A level of custody either requested or required for an inmate’s protection from others.

Special management inmate - An inmate who falls into either of the previously mentioned classifications.

505.2 POLICY

This office shall provide for the secure and segregated housing of any inmate, but shall not impose more deprivation of privileges than is necessary to obtain the objective of protecting the inmate, staff or the public.

505.3 SPECIAL MANAGEMENT INMATES HOUSING CRITERIA

The safety and security of this facility is dependent on a classification system that identifies inmates who pose a risk to themselves or to others. Inmates who pose such a risk must be promptly and appropriately segregated from the general inmate population until such time that they no longer pose a risk. Staff must have the ability to promptly segregate these inmates pending further review.

Individuals who may be classified as special management inmates include, but are not limited to, inmates who are:

- In protective custody or court-imposed segregation.
- Exhibiting mental health concerns.
- An escape threat.
- A serious violence threat.
- Known to have gang affiliation.
- A known management problem.
- A suicide risk.

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- Exhibiting medical issues.
- Physically impaired.

505.4 CIRCUMSTANCES REQUIRING IMMEDIATE SEGREGATION

Inmates will generally be assigned to segregation through the classification process. The Chief Corrections Deputy or Shift Sergeant has the authority to immediately place any inmate into segregation when it reasonably appears necessary to protect the inmate or others (see the Disciplinary Segregation Policy).

Reasons that an inmate may be placed into immediate segregation include the following:

(a) The inmate requests protection or is under court-ordered protection, or the staff has determined that the inmate requires protection.

(b) There is reason to believe the inmate poses a danger to him/herself or others.

(c) The inmate poses an escape risk.

(d) The inmate requires immediate mental health evaluation and medical housing is not reasonably available.

(e) The inmate is charged with a disciplinary infraction and is awaiting a disciplinary hearing. In the judgment of the staff, the inmate may become disruptive or dangerous if left in general population.

(f) The inmate is in the process of being transferred to a higher security classification.

(g) Other circumstances where, in the judgment of the staff, the inmate may pose a threat to him/herself, others or the security of the facility.

505.4.1 REVIEW PROCESS

The Chief Corrections Deputy shall be notified when any inmate is placed in immediate segregation and shall be informed of the circumstances leading to the order to segregate. Within 72 hours of the inmate being placed into segregation, the Chief Corrections Deputy or the authorized designee must review the circumstances surrounding the segregation to determine which of the following actions shall be taken:

(a) The inmate is designated for administrative segregation.

(b) The inmate is designated for protective custody.

(c) The inmate remains segregated pending a disciplinary hearing.

(d) The inmate is returned to general inmate population.

505.5 PROTECTIVE CUSTODY

The corrections deputy responsible for assigning classifications to incoming inmates shall clearly document the reason an inmate should be placed into protective custody. Inmates in need of protective custody may be placed in a segregation unit when there is documentation that the

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protective custody is warranted and segregation is the least restrictive alternative reasonably available.

Inmates who are in protective custody shall receive all services and programs that are available to inmates in general population and that are deemed a privilege. Any deviation from allowing usually authorized items or activities shall be documented on the inmate's file.

Any inmate requesting protective custody will do so in writing outlining the perceived threat. A determination on placement will be made by the on shift supervisor and reviewed by the Chief Jail Administrator within 72 hours.

505.6 MAINTENANCE OF PRIVILEGES

Inmates who are classified for housing in administrative segregation or protective custody shall, at a minimum, be allowed access to programs and services including, but not limited to, the following:

- Inmate telephones
- Family visitation
- Educational programing appropriate to the inmate classification
- Access to commissary services
- Library and law library services
- Social services
- Faith-based guidance, counseling and religious services
- Recreation activities and exercise
- Social and professional visits

Nothing in this policy prohibits changing the delivery of programs or services to segregated inmates in order to provide for the safety and security of other inmates and staff.

505.7 REVIEW OF STATUS

The Shift Sergeant or classification officer shall review the status of all inmates who are housed in segregation units and designated for administrative segregation or protective custody. This review shall occur every seven days for the first two months of segregation and at least once every 30 days thereafter. The review should include information about these inmates to determine whether their status in administrative segregation and protective custody is still warranted.

If other reasonable housing options exist that will provide for the safety of the inmate, the inmate should be moved out of segregation. In reviewing an alternative housing decision, the safety of the inmate shall receive the utmost consideration.

505.7.1 STATE INMATES

The following procedures are required for all state facilities. Local facilities may be required to follow these procedures if housing state prisoners under contract.

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Immediately after placement in non-disciplinary segregation, the Shift Sergeant or the authorized hearing officer will inform the inmate in writing of the reason for the inmate's segregation and the date, time and place of the initial review meeting.

Within two days of placement in segregation, the Chief Corrections Deputy, Shift Sergeant or the authorized hearing officer will meet with the segregated inmate and give the inmate an opportunity to respond to the written reasons for the inmate's segregation placement. The Shift Sergeant or authorized hearing officer will submit a report to the Chief Corrections Deputy that shall include the reasons for segregation, the inmate's response and any information supporting protective custody, special restrictions, monitoring of special medications or diets and a recommendation of whether to continue the segregation (WAC 137-32-010).

505.8 HEALTH EVALUATION REQUIREMENTS

After notification from staff that an inmate is being placed in segregation, the Shift Sergeant shall ensure that the following occurs:

(a) A qualified health care professional shall review the inmate's health record to determine whether existing medical, dental or mental health needs contraindicate the placement or require special accommodations.

(b) If contraindications or special accommodations are noted, the qualified health care professional shall inform the Shift Sergeant and coordinate the appropriate plan for the inmate based on the safety needs of the facility and the medical needs of the inmate.

505.8.1 HEALTH CONSIDERATIONS

Due to the possibility of self-inflicted injury and depression during periods of segregation, health evaluations should include notations of any bruises and other trauma markings and the qualified health care professional's comments regarding the inmate's attitude and outlook.

(a) Unless medical attention is needed more frequently, each inmate in segregation should receive a daily visit by medical staff. A medical assessment should be documented in the inmate's medical file.

(b) A qualified health care professional shall also conduct weekly rounds for a mental health evaluation.

When an inmate is classified as a special management inmate due to the presence of a serious mental illness and is placed in a segregation setting, the staff shall document this in the inmate's file and notify the qualified health care professional. When an inmate is expected to remain in segregation for more than 30 days (based upon disciplinary decisions, protective needs or other factors), the qualified health care professional shall be notified.

Where reasonably practicable a qualified health care professional should provide screening for suicide risk during the three days following admission to the segregation unit.

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505.9 SAFETY CHECKS

A staff member shall conduct a face-to-face safety check of all special management inmates, including those housed in administrative segregation or protective custody, at least every 30 minutes on an irregular schedule. Inmates who are violent, have mental health problems or who demonstrate behavior that is easily identified as out of the ordinary or bizarre in nature should be personally observed by the staff every 15 minutes on an irregular schedule.

Inmates who are at risk of suicide shall be under continuous observation until seen by a qualified health care professional. Subsequent supervision routines should be in accordance with orders provided by the qualified health care professional.

Special management inmates shall receive increased monitoring to include, at a minimum:

(a) A daily visit by a shift supervisor
(b) A daily visit by medical staff
(c) A weekly visit by the Chief Jail Administrator or the authorized designee.
(d) Visits by members of the program staff, upon request.

If during a cell front assessment by medical staff it is determined the offender should be medically assessed, custody staff will be assembled and the offender will be escorted to the medical trauma room.

All management, program staff and qualified health care professional visits shall be documented in the appropriate records and logs and retained in accordance with established records retention schedules.

505.10 LOG PROCEDURES

Handwritten logs should be completed in ink. Once an entry is made it should not be modified. If corrections or changes are needed they should be done by way of a supplemental entry. Electronically captured logs will be maintained in a way that prevents entries from being deleted or modified once they are entered. Corrections or changes must be done by way of supplemental entries. At a minimum the log will contain the following:

- Inmate name
- Inmate identification number
- Housing location
- Classification status
- Date admitted
- Date and time of entry and exit from the cell
- Type of infraction or reason for admission
- Tentative release date
- Any special medical or psychiatric problems or needs

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- Counseling for behavior

Log entries should be legible, entered promptly and provide sufficient detail to adequately reflect the events of the day for future reference.

The date and time of the observation or incident and the name and identification number of the staff member making the log entry shall be included on each entry.

Supervisors should review the logs frequently during the shift and enter comments as appropriate. At minimum, supervisors should enter the date and time of each review.

All safety checks will be documented in detail and should include the exact time of the safety check and the identification information of the employee conducting the check. Once an inmate is removed from restricted or watch status all the documents will be gathered, reviewed by the on duty Shift Supervisor, scanned in and attached to the inmate Spillman Log associated with the incident. The hard copy documents will then be retained with the inmate file per the retention record policy.

505.10.1 LOG INSPECTION AND ARCHIVAL OF LOGS

The Shift Sergeant shall review and evaluate the logs and pass any significant incidents via the chain of command to the Chief Corrections Deputy for review.

The logs will be retained by the Office in accordance with established records retention schedules, but in no case less than one year.

505.11 STAFF SELECTION CRITERIA

To qualify for an assignment in which one is solely responsible for the supervision of special management inmates, the employee must demonstrate that he/she has:

(a) Successfully completed his/her probationary period.

(b) Attained a minimum of six months experience supervising inmates.

(c) A history of maturity and tolerance.

(d) Expressed an interest in working with special management inmates.

(e) The ability to manage difficult inmates through conflict management skills.

(f) Received satisfactory ratings in the three most recent performance evaluations.

505.11.1 STAFF ASSIGNMENT

Staff assignments to a special management inmates unit will be made by the Chief Corrections Deputy or the authorized designee and are subject to continuous review. The special management inmates unit manager may rotate staff whenever he/she determines that it is in the best interest of the employee or the facility.

Staff assigned to units with special management inmates should be closely supervised and shall receive evaluations quarterly while assigned there. Staff assigned to these units may rotate to other duties upon request.

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Nothing in this section prohibits a probationary employee from working in a special management inmates unit under direct supervision of a training officer as a part of the training program.

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Conducted Energy Device - Corrections Officers

508.1 PURPOSE AND SCOPE

This policy provides guidelines for the issuance and use of the conducted energy device (CED).

508.2 POLICY

It is the policy of the Okanogan County Sheriff's Office to use the CED to control violent or potentially violent inmates. The appropriate use of such a device should result in fewer serious injuries to corrections deputy and inmates.

508.3 ISSUANCE AND CARRYING CEDS

The CED may only be issued to corrections deputy who have completed office-approved training for use during their current assignment. Those leaving a particular assignment may be required to return the device to the Office inventory.

Corrections Deputy shall only use the CED and cartridges that have been issued by the Office. The device may be carried as part of a uniformed corrections deputy's equipment.

(a) The CED shall be maintained in a secure storage location (see the Management of Weapons and Control Devices Policy).

(b) Each CED shall be clearly and uniquely numbered.

(c) Upon arriving for work, corrections deputy shall sign out their devices.

(d) Upon finishing the shift, each corrections deputy shall turn in the device to the approved secure storage area.

(e) Corrections Deputy shall not pass on the devices to oncoming corrections deputy without signing in and signing out the devices on the CED inventory log.

(f) At the beginning of each shift, the oncoming Shift Sergeant shall inventory all CEDs.

(g) Whenever practicable, corrections deputy should carry two or more CED cartridges on their person at all times when carrying the CED.

(h) Corrections Deputy shall be responsible for ensuring that their issued CED is properly maintained and in good working order at all times. Corrections Deputy carrying the CED should perform a spark test on the unit prior to every shift.

(i) Corrections Deputy should not hold a firearm and the CED at the same time.

(j) The CED should be marked with a distinctive color or marking to distinguish it from firearms or any other device.

508.4 VERBAL AND VISUAL WARNINGS

A verbal warning of the intended use of the CED should precede its application, unless it would otherwise endanger the safety of corrections deputy or when it is not practicable due to the circumstances. The purpose of the warning is to:

(a) Provide the inmate with a reasonable opportunity to voluntarily comply.

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(b) Provide other corrections deputy and inmates with a warning that the CED may be deployed.

If, after a verbal warning, an inmate is unwilling to voluntarily comply with a corrections deputy's lawful orders and it appears both reasonable and feasible under the circumstances, the corrections deputy may, but is not required to, display the electrical arc (provided that a cartridge is loaded into the device) or the laser in a further attempt to gain compliance prior to the application of the CED. The aiming laser should never be intentionally directed into the eyes of another person as it may permanently impair their vision.

The fact that a verbal and/or other warning was given or the reasons it was not given shall be documented by the corrections deputy deploying the device in the related report.

508.5 USE OF THE CED

As with any correctional equipment, the CED has limitations and restrictions requiring consideration before its use. The CED should be used only when its operator can safely approach the individual within the operational range of the device.

Although the CED is generally effective in controlling most individuals, corrections deputy should be aware that the device may not achieve the intended results and be prepared with other options.

508.5.1 APPLICATION OF THE CED

A corrections deputy may use the CED when circumstances perceived by the corrections deputy at the time indicate that such application is reasonably necessary to control an inmate in any of the following circumstances:

(a) The inmate is violent or is physically resisting.

(b) The inmate has demonstrated an intention to be violent or to physically resist and reasonably appears to have the potential to harm corrections deputy, themselves, or others.

508.5.2 SPECIAL DEPLOYMENT CONSIDERATIONS

The use of the CED should generally be avoided on certain individuals unless the totality of the circumstances indicates that other available options reasonably appear ineffective or would present a greater danger to the corrections deputy, the inmate or others, and the corrections deputy reasonably believes that the need to control the inmate outweighs the risk of using the device. Such individuals include:

(a) Inmates who are known to be pregnant.

(b) Elderly inmates.

(c) Inmates with obviously low body mass.

(d) Inmates who are handcuffed or otherwise restrained.

(e) Inmates who have been recently sprayed with a flammable chemical agent or who are otherwise in proximity to any known combustible vapor or flammable material, including alcohol-based oleoresin capsicum (OC) spray.

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(f) Inmates whose position or activity may result in collateral injury (e.g., falls from height).

Because the application of the CED in the drive-stun mode (i.e., direct contact without probes) relies primarily on pain compliance, the use of the drive-stun mode generally should be limited to supplementing the probe-mode to complete the circuit, or as a distraction technique to gain separation between the corrections deputy and the subject, thereby giving corrections deputy time and distance to consider force options or actions.

The CED shall not be used to torture, psychologically torment, elicit statements from, or punish any inmate.

508.5.3 TARGETING CONSIDERATIONS

Reasonable efforts should be made to target lower center mass and avoid intentionally targeting the head, neck, chest, and groin. If the dynamics of a situation or officer safety do not permit the corrections deputy to limit the application of the CED probes to a precise target area, corrections deputy should monitor the condition of the inmate if one or more probes strikes the head, neck, chest, or groin until the inmate is evaluated by a qualified health care professional.

508.5.4 MULTIPLE APPLICATIONS OF THE CED

Corrections Deputy should apply the CED for only one standard cycle and then evaluate the situation before applying any subsequent cycles. Multiple applications of the CED against an inmate are generally not recommended and should be avoided unless the corrections deputy reasonably believes that the need to control the inmate outweighs the potentially increased risk posed by multiple applications.

If the first application of the CED appears to be ineffective in gaining control of an inmate and if circumstances allow, the corrections deputy should consider certain factors before additional applications of the device, including:

(a) Whether the probes are making proper contact.

(b) Whether the inmate has the ability and has been given a reasonable opportunity to comply.

(c) Whether verbal commands, other options or tactics may be more effective.

Corrections Deputy should generally not intentionally apply more than one CED at a time against an inmate.

508.5.5 DOCUMENTATION

All CED discharges shall be documented in the related incident report and on the CED report form. Notification shall also be made to a supervisor in compliance with the office Use of Force Policy. Unintentional discharges, pointing the device at an inmate, laser activation, and arcing of the CED will also be documented on the CED report form. Any report documenting the discharge of the CED will include an explanation of the circumstances surrounding the discharge.

Following the discharge, the onboard CED memory will be downloaded through the data port by a supervisor or Rangemaster and saved with the related incident report. Photographs of the

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probe and contact sites should be taken after the inmate has been seen by a qualified health care professional. Confetti tags should be collected and the expended cartridge along with both probes and wires should be submitted into evidence for future reference by the corrections deputy collecting the cartridge. The cartridge serial number should documented on the evidence paperwork. The evidence packaging should be marked "biohazard" if the probes penetrated the inmate's skin.

At a minimum the following should be documented:

(a) Identification of all corrections deputy firing CEDs

(b) Cartridge serial number

(c) Identification of all witnesses

(d) Medical care provided to the inmate

(e) Observations of the inmate's physical and physiological actions

(f) Any known or suspected drug use, intoxication, or other medical problems

The Office should periodically analyze the report forms to identify trends, including deterrence and effectiveness. The Corrections Chief should also conduct audits of data downloads and reconcile CED report forms and recorded activations. CED information and statistics, with identifying information removed, should periodically be made available to the public.

508.5.6 TASER® CAM™

The TASER is equipped with TASER® Cam™, which is an audio-video recording device integrated into the power supply. The TASER Cam is activated anytime the safety is in the off position. The safety should not be in the off position unless the corrections deputy intends to use the device and the guidelines established in this policy are met. Anytime the TASER Cam is activated, the video and audio data should be downloaded in accordance with office evidence procedures and referenced in any related report. All video and audio not booked as evidence will be retained for the period required by established records retention schedules.

508.6 MEDICAL TREATMENT

Absent extenuating circumstances or unavailability, only a qualified health care professional should remove CED probes from an inmate's body. Used CED probes shall be considered a sharps biohazard, similar to a used hypodermic needle, and handled properly. Universal precautions should be taken.

All inmates who have been struck by CED probes or who have been subjected to the electric discharge of the device shall be medically assessed. Additionally, any inmate who falls under any of the following categories should, as soon as practicable, be examined by a qualified health care professional:

(a) The inmate is suspected of being under the influence of controlled substances and/or alcohol.

(b) The inmate may be pregnant.

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(c) The inmate reasonably appears to be in need of medical attention.

(d) The CED probes are lodged in a sensitive area (e.g., groin, breast, head, face, neck).

(e) The inmate requests medical treatment.

Inmates who exhibit extreme agitation, violent irrational behavior accompanied by profuse sweating, extraordinary strength beyond their physical characteristics and imperviousness to pain, or who require a protracted physical encounter with multiple corrections deputy to be brought under control, may be at an increased risk of sudden death and should be examined by a qualified health care professional as soon as practicable. Any inmate exhibiting signs of distress after such an encounter shall be medically cleared.

Any inmate exhibiting signs of distress or who is exposed to multiple applications (e.g., more than 15 seconds) shall be promptly examined by a qualified health care professional or medically evaluated.

If any individual refuses medical attention, such a refusal should be witnessed by another corrections deputy and/or medical personnel and shall be fully documented in related reports.

If an audio recording is made of the contact or an interview with the individual, any refusal should be included, if possible.

508.7 TRAINING

Corrections Deputy who are authorized to carry the CED shall be permitted to do so only after successfully completing the initial office-approved training. Any corrections deputy who has not carried a CED as a part of their assignment for a period of six months or more shall be recertified by the CED instructor approved by this office prior to carrying or using the device again.

Proficiency training for corrections deputy who have been issued CEDs should occur every year. A reassessment of a corrections deputy's knowledge and/or practical skill may be required at any time if deemed appropriate by the Corrections Chief.

Command staff and supervisors should receive CED training as appropriate for the investigations they conduct and review.

Corrections Deputy who do not carry CEDs should receive training that is sufficient to familiarize them with the device and with working with corrections deputy who use the device.

The Corrections Chief is responsible for ensuring that all corrections deputy who carry CEDs have received initial and annual proficiency training. Periodic audits should be used for verification.

The application of CEDs during training could result in injury to corrections deputy and should not be mandatory for certification.

All training and proficiency for CEDs will be documented in the corrections deputy's training file.

The Corrections Chief should ensure that all training includes:

(a) A review of this policy.

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(b) A review of the Use of Force Policy.

(c) Target area considerations, including techniques or options to reduce the unintentional application of probes near the head, neck, chest, and groin.

(d) Handcuffing an inmate during the application of the CED and transitioning to other force options.

(e) Restraint techniques that do not impair respiration following the application of the CED.

(f) De-escalation techniques.

508.7.1 TESTING

All training delivered to the corrections deputy should include testing to document that the corrections deputy understands the subject matter presented.

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Use of Restraints - Corrections Officers

511.1 PURPOSE AND SCOPE

This policy establishes guidelines for the application, supervisory oversight of, and restrictions on the use of restraints on persons incarcerated in this facility.

This policy shall apply to the use of specific types of restraints, such as four/five-point restraints, restraint chairs, ambulatory restraints, and similar restraint systems, as well as all other restraints, including handcuffs, waist chains, and leg irons when such restraints are used to restrain any inmate for prolonged periods.

511.1.1 DEFINITIONS

Definitions related to this policy include:

Clinical restraints - Restraints applied when an inmate's disruptive, assaultive, and/or self-injurious behavior is related to a medical or mental illness. Clinical restraints can include leather, rubber, or canvas hand and leg restraints with contact points on a specialized bed (four/five-point restraints) or a portable restraint chair.

Custody restraints - Includes steel handcuffs and leg restraints, polyurethane or nylon soft restraints, waist restraints, and chair restraints, applied to control an inmate who is assaultive, engaging in self-injurious behavior, or attempting to damage property.

Therapeutic seclusion - Segregated confinement of an agitated, vulnerable, and/or severely anxious inmate with a serious mental illness as part of their treatment when clinically indicated for preventive therapeutic purposes.

511.2 POLICY

It is the policy of this office that restraints shall be used only to prevent self-injury, injury to others, or property damage. Restraints may also be applied according to inmate classification, such as maximum security, to control the behavior of a high-risk inmate while the inmate is being moved outside the cell or housing unit.

Restraints shall never be used for retaliation or as punishment. Restraints shall not be utilized any longer than is reasonably necessary to control the inmate. Restraints are to be applied only when less restrictive methods of controlling the dangerous behavior of an inmate have failed or appear likely to fail. Each incident where restraints are used beyond compliant handcuffing shall be documented as a use of force by the handling staff member and the documents placed in the appropriate file prior to the end of the staff member's shift.

This policy does not apply to the temporary use of restraints, such as handcuffing or the use of leg irons to control an inmate during movement and transportation inside or outside the facility.

511.3 USE OF RESTRAINTS - CONTROL

Supervisors shall proactively oversee the use of restraints on any inmate. Whenever feasible, the use of restraints, other than routine use during transfer, shall require the approval of the Shift

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Sergeant prior to application. In instances where prior approval is not feasible, the Shift Sergeant shall be apprised of the use of restraints as soon as practicable.

Restraint devices, such as restraint chairs, shall only be used on an inmate when it reasonably appears necessary to overcome resistance, prevent escape, or bring an incident under control, thereby preventing injury to the inmate or others, or eliminating the possibility of property damage. Restraints shall not be applied for more time than is reasonably necessary to achieve the above goals.

Excluding short-term use to gain immediate control, placing an inmate in a restraint chair or other restraints for extended periods requires approval from the Chief Corrections Deputy or the authorized designee prior to taking action. The medical staff shall be called to observe the application of the restraints, when feasible, prior to the application or as soon as practicable after the application, and to check the inmate for adequate circulation.

The use of restraints for purposes other than for the controlled movement or transportation of an inmate shall be documented on appropriate logs to include, at minimum, the type of restraint used, when it was applied, a detailed description of why the restraint was needed, and when it was removed.

The following provisions shall be followed when utilizing restraints to control an inmate:

(a) Restraints shall not be used as punishment, placed around a person's neck, or applied in a way that is likely to cause undue physical discomfort or restrict blood flow or breathing (e.g., hog-tying) (RCW 10.116.022).

(b) Restrained inmates shall not be placed facedown or in a position that inhibits breathing.

(c) Restraints shall not be used to secure a person to a fixed object except as a temporary emergency measure. A person who is being transported shall not be locked in any manner to any part of the transporting vehicle, except for items installed for passenger safety, such as seat belts.

(d) Inmates in restraints shall be housed either alone or in an area designated for restrained inmates.

(e) Restraints shall be applied for no longer than is reasonably necessary to protect the inmate or others from harm.

(f) Staff members shall conduct direct face-to-face observation at least twice every 30 minutes on an irregular schedule to check the inmate's physical well-being and behavior. Restraints shall be checked to verify correct application and to ensure they do not compromise circulation. All checks shall be documented, with the actual time recorded by the person doing the observation, along with a description of the inmate's behavior. Any actions taken should also be noted in the log.

(g) The specific reasons for the continued need for restraints shall be reviewed, documented, and approved by the Chief Corrections Deputy or the Shift Sergeant at least every two hours.

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(h) As soon as possible, but within four hours of placement in restraints, the inmate shall be medically assessed to determine whether the inmate has a serious medical condition that is being masked by the aggressive behavior. The medical assessment shall be a face-to-face evaluation by a qualified health care professional and shall recur once every six hours of continued restraint thereafter.

(i) As soon as possible, but within eight hours of placement in restraints, the inmate must be evaluated by a mental health professional to assess whether the inmate needs immediate and/or long-term mental health treatment.

511.3.1 USE OF RESTRAINTS FOR COURT HEARINGS

Prior judicial approval should be obtained for any inmate restraints that will be used in any court proceeding.

Juveniles shall not be brought before the court for any court appearance wearing any physical restraint devices except when ordered by the court (JuCR 1.6).

511.4 USE OF RESTRAINTS - CLINICAL

Inmates may be considered for clinically ordered restraints or seclusion when exhibiting dangerous behavior that is believed to be a product of a medical or mental illness and that puts the inmate and/or others at risk of physical harm, or when medical care is urgently required and the inmate is not considered competent to give or withhold consent.

Clinical restraints and/or therapeutic seclusion shall only be used when an inmate's safety or the safety of others cannot be protected by less restrictive means and only upon the direct order of a qualified health care professional and notification of the Chief Corrections Deputy or the authorized designee prior to taking action. Restraints shall be used no longer than is reasonably necessary to provide for the legitimate safety concerns of the inmate, staff, or others.

The following provisions shall be used any time clinical restraints or therapeutic seclusion is authorized:

(a) Excluding short-term use to gain immediate control of an inmate exhibiting dangerous or destructive behavior, an inmate may be placed in clinical restraints or therapeutic seclusion only on the orders of a qualified health care professional and only after making a determination that less restrictive interventions are ineffective to prevent the inmate from causing property damage or serious injury to him/herself or others.

(b) Clinical restraints or therapeutic seclusion shall never be ordered or otherwise applied as a means of coercion, discipline, punishment, convenience, or retaliation.

(c) The qualified health care professional's order may only be in effect for up to 12 hours for adult inmates and up to two hours for inmates age 17 or younger.

(d) Within one hour of the application of restraints or therapeutic seclusion, a face-to-face observation of the inmate to evaluate the need for continued restraint or therapeutic seclusion shall be conducted by a qualified health care professional.

(e) If deemed clinically necessary, the qualified health care professional who gave the initial order for restraints or therapeutic seclusion may renew the original order for an

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additional four hours for an adult or up to two hours for a person who is age 17 or younger.

(f) Inmates placed in clinical restraints shall be placed in designated cells within the medical unit. The restraints shall be applied in the least restrictive manner possible, based on the qualified health care professional's evaluation and order.

(g) Inmates placed in restraints shall only be placed in a face-up position.

(h) Following the first face-to-face observation, a qualified health care professional shall conduct face-to-face checks at least every 15 minutes on an irregular schedule to assess the inmate's condition and behavior. The restraints shall be checked for proper application and to ensure that circulation is not compromised. Checks shall be documented in the inmate's medical file.

(i) Except in the event of a medical emergency for the inmate, only a qualified health care professional shall determine when an inmate shall be released from clinical restraints or therapeutic seclusion.

511.5 RANGE OF MOTION

Inmates placed in restraints for longer than two hours should receive a range-of-motion procedure that will allow for the movement of the extremities. Range-of-motion exercise will consist of alternate movement of the extremities (i.e., right arm and left leg) for a minimum of 10 minutes every two hours.

511.6 FOOD, HYDRATION, AND SANITATION

Inmates who are confined in restraints shall be given food and fluids. Food shall be provided during normal meal periods. Hydration (water or juices) will be provided no less than once every two hours or when requested by the inmate.

Offering food and hydration to inmates will be documented to include the time, the name of the person offering the food or water/juices, and the inmate’s response (receptive, rejected). Provisions shall be made to accommodate any toileting needs at least once every two hours. Inmates shall be given the opportunity to clean themselves should they soil themselves or their clothing while they are in restraints.

511.7 AVAILABILITY OF CPR EQUIPMENT

CPR equipment, such as barrier masks, shall be provided by the facility and located in proximity to the location where inmates in restraints are held.

511.8 RESTRAINED INMATE HOLDING

Restrained inmates should be protected from abuse by other inmates. Under no circumstances will restrained inmates be housed with inmates who are not in restraints. In most instances, restrained inmates are housed alone or in an area designated for restrained inmates.

511.9 PREGNANT INMATES

Leg irons or waist chains shall not be used on any inmate known to be pregnant. Except in extraordinary circumstances no restraints of any kind may be used on any pregnant inmate during

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transportation to and from visits to medical providers or court proceedings at any time during the third trimester of pregnancy or postpartum recovery. "Extraordinary circumstances" exist where a member makes an individualized determination that restraints are necessary to prevent the inmate from escaping or injuring themself, medical or safety personnel, or others. Should restraints be necessary, the restraints shall be the least restrictive available and most reasonable under the circumstances (RCW 70.48.500).

511.9.1 INMATES IN LABOR

While an inmate is in labor or in childbirth, no restraints of any kind may be used (RCW 70.48.500(2)). This does not prohibit a treating physician licensed under Title 18 RCW from requesting the use of hospital restraints for the medical safety of an inmate.

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Electronic Restraints - Corrections Officers

512.1 PURPOSE AND SCOPE

This policy establishes guidelines for the application, supervisory oversight, and restrictions on the use of electronic restraints on persons incarcerated in this facility, during transportation of inmates, and during court appearances.

512.2 POLICY

The Okanogan County Sheriff's Office allows the use of office-issued electronic restraints as provided in this policy.

512.3 CORRECTIONS DEPUTY RESPONSIBILITIES

Corrections Deputy shall successfully complete office-approved training prior to using any electronic restraint device. Only office-issued electronic restraint devices shall be used.

Corrections Deputy should perform a function test on the device prior to placing it on an inmate. The Shift Sergeant shall ensure that all electronic restraint devices are properly maintained and in good working order.

A corrections deputy should obtain prior judicial approval for the use of an electronic restraint device in a courtroom. The corrections deputy should briefly explain the operation of the device to the judge.

512.4 VERBAL WARNING

A verbal warning of the intended use of the electronic restraint device should precede its application, unless it would otherwise endanger the safety of corrections deputy or when it is not practicable due to the circumstances. The warning is intended to provide the inmate with an opportunity to comply. The fact that a verbal or other warning was given or the reasons it was not given shall be documented by the corrections deputy deploying the device.

512.5 APPLICATION

Prior to applying the electronic restraint device to an inmate, the corrections deputy should describe its operation and caution the inmate about behaviors that may result in its activation.

Although the electronic restraint device is generally effective in controlling most inmates, corrections deputy should be aware that it may not achieve the intended result, and that they should be prepared with other options.

The electronic restraint device shall not be used to psychologically torment, elicit statements from, retaliate against, or punish any inmate.

The electronic restraint device may be used in the following circumstances, when the circumstances perceived by the corrections deputy at the time indicate that such application is reasonably necessary to:

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(a) Prevent self-injury, suicide, escape, injury to others, property damage, or an attempt to remove or destroy the device.

(b) Control the behavior of a high-risk inmate who poses a serious threat to safety or security when being moved within the facility or transported outside the facility.

512.5.1 MULTIPLE APPLICATIONS

Corrections Deputy should activate the electronic restraint device for only one standard cycle and then evaluate the situation before applying any subsequent cycles. Multiple applications of an electronic restraint device or for more time than is necessary to control the inmate are generally not recommended and should be avoided unless the corrections deputy reasonably believes that the need to control the inmate outweighs the potentially increased risk posed by multiple applications.

If the first application of the electronic restraint device appears to be ineffective in gaining control of an inmate, the corrections deputy should consider certain factors before additional applications, including whether the inmate has the ability to comply and has been given a reasonable opportunity to comply.

512.5.2 SPECIAL CONSIDERATIONS

Electronic restraint devices should not be used on:

(a) Inmates who are known to be pregnant.

(b) Elderly or infirm inmates.

(c) Inmates with obviously low body mass.

(d) Inmates who have been recently sprayed with a flammable chemical agent or who are otherwise in proximity to any known combustible vapor or flammable material, including alcohol-based oleoresin capsicum (OC) spray.

(e) Inmates whose position or activity may result in collateral injury (e.g., falls from height, running).

Because the application of the electronic restraint device relies primarily on pain compliance, its use generally should be limited to a distraction technique to gain separation between the corrections deputy and the inmate, or to disrupt an inmate's violent or unruly behavior, thereby giving corrections deputy time and distance to consider other force options or actions.

512.6 MEDICAL TREATMENT

All inmates who have been subjected to the electric discharge of an electronic restraint device should have the contact site medically assessed.

Additionally, any inmate who falls under any of the following categories should, as soon as practicable, be examined by a qualified health care professional:

(a) The inmate is suspected of being under the influence of controlled substances and/or alcohol.

(b) The inmate may be pregnant.

(c) The inmate reasonably appears to be in need of medical attention.

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(d) The inmate requests medical treatment.

If any inmate refuses medical attention, such a refusal should be witnessed by another corrections deputy and/or medical personnel and shall be fully documented. If an audio recording is made of the contact or an interview with the inmate, any refusal should be included, if possible.

Corrections Deputy shall inform any person providing medical care or receiving custody that the inmate has been subjected to the activation of an electronic restraint device.

512.7 DOCUMENTATION

Corrections Deputy shall document each incident where electronic restraints are placed on an inmate or are activated. Notification shall also be made to a supervisor in compliance with the Use of Force - Corrections Officers Policy. Unintentional activations will also be documented.

512.8 SUPERVISOR RESPONSIBILITIES

Supervisor approval is necessary before an electronic restraint device is placed on an inmate. A supervisor should respond to all incidents where an electronic restraint device was activated.

A supervisor should review each incident where an inmate has been exposed to an activation of an electronic restraint device. Any onboard memory should be downloaded by a supervisor and retained with the inmate’s file.

Photographs of contact sites should be taken and witnesses interviewed.

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Searches

513.1 PURPOSE AND SCOPE

The purpose of this policy is to provide clear direction on maintaining the safety and security of the jail by conducting searches in balance with protecting the constitutional rights of inmates.

The introduction of contraband into the jail poses a serious risk to the safety and security of members, inmates, and the public. Any item that is not available to all inmates may be used as currency by those who possess the item and will allow those in possession of the item to have control over other inmates. Any item that may be used to disengage a lock or other electronic security device or that could compromise the physical plant jeopardizes the safety and security of this jail. Carefully restricting the flow of contraband into the jail can only be achieved by thoroughly searching inmates and their environment.

Nothing in this policy is intended to prohibit the otherwise lawful collection of trace evidence from an individual.

513.1.1 DEFINITIONS

Definitions related to this policy include:

Contraband - Anything unauthorized for inmates to possess, including drugs and weapons of any kind.

Excess property - Anything authorized for inmates to possess but in an unauthorized quantity.

Modified strip search - A search that requires the removal or rearranging some of a person's clothing and does not include a visual inspection of the exposed breasts, buttocks, or genitalia of the person. This search may include a thorough tactile search of an inmate's partially unclothed body. This also includes searching the inmate's clothing after it has been removed.

Pat-down search - A search used to check an individual for contraband. It involves thoroughly patting down an inmate's clothed body to locate any items that could pose a danger to the corrections deputy, the inmate, or others.

Physical body cavity search - A search that includes a visual inspection of and may include physical intrusion into a body cavity. Body cavity means the stomach, colon, rectum, or vagina.

Strip search - A search that requires the removal or rearranging of some or all of a person's clothing to permit a visual inspection of the underclothing, breasts, buttocks, anus, or outer genitalia of the person.

513.2 POLICY

It is the policy of this office to promote the safety of members, inmates, and visitors by conducting effective and appropriate searches of inmates and areas within the jail in accordance with applicable laws. Members shall always be alert to the possible presence of contraband and shall take immediate action to seize and appropriately handle contraband when found.

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Searches shall not be used for intimidation, harassment, punishment, or retaliation.

513.3 PAT-DOWN SEARCHES

Pat-down searches will be performed on all inmates/arrestees upon entering the secure booking area of the jail. Additionally, pat-down searches shall occur frequently within the jail. At a minimum, members shall conduct pat-down searches in circumstances that include:

(a) When inmates leave their housing units to participate in activities elsewhere in the jail (e.g., exercise yard, medical unit, visiting) and when they return.

(b) During searches of housing units.

(c) When inmates come into contact with other individuals housed outside of their housing units, such as on work details.

(d) Any time a member believes inmates may have contraband on their persons.

Except in emergencies, all pat-down searches will be conducted by a member of the same gender as the inmate. Absent the availability of a member of the same gender, it is recommended that a witnessing member be present during a pat-down search of an individual of another gender. All cross-gender pat-down searches shall be documented (28 CFR 115.15).

513.4 MODIFIED STRIP SEARCHES, STRIP SEARCHES AND PHYSICAL BODY CAVITY SEARCHES

Modified strip searches, strip searches, and physical body cavity searches should be limited to those situations where such searches are necessary (RCW 10.79.060).

Corrections Deputy shall consider and be able to articulate the reason for the search and the scope, manner, and location of the search, and will utilize the least invasive search method to meet the goals of the search (RCW 10.79.140).

513.4.1 STRIP SEARCHES PRIOR TO PLACEMENT IN A HOUSING UNIT

Modified strip searches or strip searches shall be conducted as follows:

(a) No person held prior to placement in a housing unit shall be subjected to a modified strip search or strip search without a warrant unless there is (RCW 10.79.130):

1. Reasonable suspicion based upon specific and articulable facts to believe the person has a health condition requiring immediate medical attention.
2. Reasonable suspicion based upon specific and articulable facts to believe the person is concealing contraband or an item that constitutes a threat to the facility.
3. Probable cause to believe the person is concealing evidence of a crime that is not constituting a threat to the facility.

(b) Factors to be considered in determining reasonable suspicion include but are not limited to:

1. The detection of an object during a pat-down search that may be contraband and cannot be safely retrieved without a modified strip search or strip search.

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2. Circumstances of a current arrest that specifically indicate the person may be concealing contraband.

    (a) Reasonable suspicion is presumed to exist when the person to be searched has been arrested for any of the following offenses (RCW 10.79.130):

        1. A violent offense as defined in RCW 9.94A.030
        2. Any offense involving escape, burglary, or the use of a deadly weapon
        3. Possession of prescription drugs, controlled substances, or imitation controlled substances

3. Custody history (e.g., past possession of contraband while in custody, assaults on members, escape attempts).
4. The person's actions or demeanor, such as refusal to submit to a pat-down search.
5. Criminal history (e.g., level of experience in a custody setting; convictions for escape, possession of drugs or weapons, crimes of violence; being a fugitive).
6. An alert by a metal detector or drug detection device.
7. Other reliable information that the person possesses contraband.

(c) Except in the case of a medical emergency, no modified strip search or strip search of an inmate shall be conducted before admittance to a housing unit without prior written authorization from the Shift Sergeant (RCW 10.79.140).

513.4.2 SEARCHES OF PRETRIAL INMATES

Pat-down searches, clothing searches, and electronic metal-detector searches, as appropriate, will be conducted on all pretrial inmates upon admission into the general population and whenever the pretrial inmate has entered an environment where contraband may be accessed. A pretrial inmate is a person who is being held pretrial without an order denying bail. This includes but is not limited to the following:

- Upon return from contact visits
- Upon leaving the kitchen, shop, farm, etc.
- Upon return to general population from outside the confines of the facility (court, work-release, work detail, medical visits)

A clothing search involves an inmate removing some or all of their clothing behind a modesty screen and a thorough search of the inmate's removed clothing. It does not include a visual inspection of the underclothing, breasts, buttocks, or genitalia of the inmate, but may include inspection of the inmate's hands and feet.

No pretrial inmate shall be subjected to a modified strip search or strip search without a warrant unless one or more of the following conditions exist (RCW 10.79.130):

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(a) There is reasonable suspicion based upon specific and articulable facts to believe the person has a health condition requiring immediate medical attention.

(b) There is reasonable suspicion based upon specific and articulable facts to believe the person is concealing on their body a weapon, contraband, or an item that constitutes a threat to the facility.

1. Reasonable suspicion is presumed to exist when the person to be searched has been arrested for any of the following offenses (RCW 10.79.130):

(a) A violent offense as defined in RCW 9.94A.030

(b) Any offense involving escape, burglary, or the use of a deadly weapon

(c) Possession of prescription drugs, controlled substances, or imitation controlled substances

(c) There is probable cause to believe the person is concealing on their body evidence of a crime not constituting a threat to the facility.

Except in the case of a medical emergency, no modified strip search or strip search of a pretrial inmate shall be performed without prior written authorization from the Shift Sergeant (RCW 10.79.140).

513.4.3 STRIP SEARCHES OF CONVICTED AND NO BAIL ORDERED INMATES

Modified strip searches or strip searches shall be conducted on all inmates upon admission into a housing unit.

A modified strip search or a strip search of an inmate in a housing unit should be conducted when the inmate has entered an environment where contraband may be accessed. This includes but is not limited to the following:

(a) Upon return from contact visits

(b) Upon leaving areas such as the kitchen, shop, or farm

(c) Upon return to the housing unit from outside the confines of the jail (e.g., court, work-release, work detail, medical visits)

Inmates returning from court with release orders shall not be subjected to modified strip searches or strip searches unless reasonable suspicion exists based on specific and articulable facts that the person is concealing contraband. An inmate should not be returned to the housing unit, except to retrieve personal property under the direct visual supervision of a member.

Members may conduct modified strip searches and strip searches of inmates outside the above listed circumstances only with prior written supervisor approval. In such cases, supervisors shall consider and articulate the scope, manner, justification, and location of the particular search. Less invasive searches should be used if they will accomplish the goals of the search. For example, a pat-down may be sufficient as an initial effort to locate a larger item, such as a cell phone.

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513.4.4 MODIFIED STRIP SEARCH AND STRIP SEARCH PROCEDURES

All modified strip searches and strip searches shall be conducted in a professional manner under sanitary conditions and in an area where the search cannot be observed by people not participating in the search. Except at the request of the inmate, no person other than those who are participating in the search shall be present or able to observe the search (RCW 10.79.150). The search shall not be video or audio recorded.

Unless conducted by a qualified health care professional or in case of an emergency, a modified strip search or strip search shall be conducted and observed only by members of the same gender as the person being searched (RCW 10.79.100). Any cross-gender modified strip searches and cross-gender strip searches shall be documented (28 CFR 115.15).

Whenever possible, a second member of the same gender should be present during the search for security purposes and to witness the discovery of evidence. Except in exceptional circumstances, the number of members present during a search shall not exceed three.

The member conducting a strip search shall not touch the breasts, buttocks, or genitalia of the person being searched except and only to the extent necessary to safely remove contraband from the exterior of the person being searched. These areas may be touched through the clothing during a modified strip search.

Generally, items protruding from body cavities should not be removed. If a body cavity search appears necessary, see the Physical Body Cavity Searches section of this policy.

(a) The searching member will instruct the inmate to:

1. Remove or rearrange their clothing.
2. Raise their arms above the head and turn 360 degrees.
3. Bend forward and run their hands through their hair.
4. Turn their head, to the left and to the right, so the searching corrections deputy can inspect the inmate's ear orifices.
5. Open their mouth and run a finger over the upper and lower gum areas, then raise the tongue so the corrections deputy can inspect the interior of the inmate's mouth. Remove dentures if applicable.
6. Turn around and raise one foot first, then the other so the corrections deputy can check the bottom of each foot.
7. Turn around, bend forward, and spread the buttocks if necessary to view the anus.

(b) At the completion of the search, the inmate should be instructed to dress in either street clothes or jail-supplied clothing, as appropriate.

513.4.5 PHYSICAL BODY CAVITY SEARCHES

Physical body cavity searches shall be completed as follows (RCW 10.79.080; RCW 10.79.100):

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(a) No person shall be subjected to a physical body cavity search without the prior written approval of the Chief Corrections Deputy or the authorized designee and only with the issuance of a search warrant. Authorization may be obtained electronically from the Chief Corrections Deputy or the authorized designee.

(b) Before any physical body cavity search is authorized or conducted, a thorough pat-down search, electronic metal-detector search, or clothing search, as appropriate, shall be used. No physical body cavity search shall be authorized or conducted unless these other methods do not satisfy the safety, security, or evidentiary concerns of the facility.

(c) Only a physician, registered nurse, or physician assistant may conduct a physical body cavity search. Except in exigent circumstances, only a physician, registered nurse, or physician assistant who is not responsible for providing ongoing care to the inmate may conduct the search.

(d) Except for the physician, registered nurse, or physician assistant conducting the search, persons present must be of the same gender as the person being searched. Only corrections deputy needed to maintain the safety and security of the medical personnel shall be present during the search.

1. The Shift Sergeant may allow an inmate to have a readily available witness of the inmate's choosing present at the search. The witness shall not be currently in custody or pose an unreasonable security risk.

(e) Privacy requirements, including restricted touching of body parts, and sanitary condition requirements are the same as required for a strip search.

(f) All such searches shall be documented, including:

1. The facts that led to the decision to perform a physical body cavity search of the inmate.
2. The reasons less intrusive methods of searching were insufficient.
3. The Chief Corrections Deputy or authorized designee's written approval.
4. A copy of the search warrant and supporting documents.
5. The time, date, and location of the search.
6. The medical personnel present.
7. The names, genders, and roles of any corrections deputy present.
8. The name of the inmate's witness, if any.
9. A statement of the results of the search and a list of any items removed from the inmate as a result of the search.

(g) Completed documentation should be placed in the inmate's file. A copy of any search warrant and the results of the physical body cavity search shall be included with the related reports and made available, upon request, to the inmate or authorized representative (except for those portions of the warrant ordered sealed by a court).

(h) All contraband should be processed in accordance with the office's current evidence procedures.

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(i) If appropriate, a crime report and/or disciplinary report shall be completed.

513.4.6 DOCUMENTING MODIFIED STRIP SEARCHES AND STRIP SEARCHES
The staff member conducting a modified strip search or strip search shall (RCW 10.79.150):

(a) Document the name and gender of the person searched.

(b) Document the facts that led to the decision to perform a strip search of the inmate, including the offense for which the person was arrested if that fact was considered in determining reasonable suspicion to conduct the search.

(c) Document the reasons less intrusive methods of searching were not used or were insufficient.

(d) Document the supervisor's approval.

(e) Document the time, date, and location of the search.

(f) Document the names of staff present and their serial numbers, gender, and roles.

(g) Document any complaints made by the inmate or problems encountered during the search.

(h) Document any health conditions observed by the corrections deputy.

(i) Itemize and process all contraband and evidence discovered by the search in accordance with the office's current evidence procedures.

(j) If appropriate, a crime report and/or disciplinary report shall be completed.

(k) Ensure the completed documentation is placed in the inmate's file. A copy of the written authorization shall be retained and made available to the inmate or other authorized representative upon request.

513.5 PROHIBITED SEARCHES OF TRANSGENDER AND INTERSEX INMATES

Members shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status (see the Prison Rape Elimination Act Policy for transgender and intersex definitions). If genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or if necessary, by obtaining that information as part of a broader medical examination conducted in private by a qualified health care professional (28 CFR 115.15).

513.6 HOUSING UNIT SEARCHES

Housing unit searches shall occur as directed by a supervisor. These searches should include all of the living spaces occupied by inmates. Housing unit searches should be scheduled in a manner that does not create a pattern where the inmates can predict such searches. During a housing unit search:

(a) All inmates shall vacate their living areas and be patted down by members.

(b) Inmates should be escorted to a separate holding area, such as the recreation yard.

(c) Members shall search the living areas of the inmates, including bedding, personal storage areas, bunks, and other areas with inmate access.

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(d) Any contraband located shall be processed in accordance with the current evidence procedures.

(e) Members shall attempt to identify the inmate who possessed the contraband and file appropriate inmate discipline and/or crime reports.

(f) Any excess property shall be seized, inventoried, and retained pending disposition according to jail procedures.

(g) At the conclusion of the housing unit search, closely supervised inmate workers should clean the unit. All authorized inmate personal property shall be respected and living areas should be returned to an orderly condition.

513.7 PHYSICAL PLANT SEARCHES

The following areas of this jail shall be periodically searched for contraband:

(a) Exercise yards shall be searched before and after each inmate group occupies the yard.

(b) Holding cells shall be searched before and after each occupation.

(c) Program areas, such as classrooms and multipurpose rooms, shall be searched after each use by an inmate or inmate group.

(d) Laundry areas shall be searched before and after inmate use.

(e) Kitchen areas shall be frequently searched for contraband and to account for tools, knives, and food items.

(f) Inmate visiting and public areas shall be frequently inspected.

(g) The jail perimeter shall be searched at least once each shift.

513.8 CRIMINAL EVIDENCE SEARCHES

The Chief Corrections Deputy or the authorized designee shall be notified, as soon as practicable, any time it is suspected that a crime has been committed in the jail or other area controlled by jail members, and there is a need to search for evidence related to the crime. A search for evidence may be conducted by members whenever there is a need for such action.

Any evidence collected in connection with an alleged crime should be processed in accordance with the office's current evidence procedures.

513.9 TRAINING

The Corrections Chief shall provide training for members on this policy, including how to conduct pat-down searches, modified strip searches, and strip searches in a professional and respectful manner and in the least intrusive manner possible, consistent with jail security needs. This training shall include cross-gender pat downs and searches, as well as searches of transgender and intersex inmates (28 CFR 115.15).

513.10 CANINE-ASSISTED SEARCHES

It is the policy of this jail to use canines to assist members in searching for contraband. Such searches shall occur only with a supervisor's approval. Only canines trained to detect contraband

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will be allowed within the secure perimeter of the jail. Canines trained solely in crowd control or to assist in physically subduing individuals will not be used in the jail.

Canines will generally be used to assist members in physical plant, housing unit, and perimeter searches. Contact between inmates and canines should be kept to a minimum (see the Canines Policy).

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Reporting In-Custody Deaths

515.1 PURPOSE AND SCOPE

This policy provides direction on how in-custody deaths shall be reported.

515.1.1 DEFINITIONS

Definitions related to this policy include:

In-custody death - The death of any person, for whatever reason (natural, suicide, homicide, accident), who is in the process of being booked or is incarcerated at any facility of this office.

515.2 POLICY

It is the policy of this office to follow state and local guidelines for reporting in-custody deaths.

515.3 MANDATORY REPORTING

All in-custody deaths shall be reported as required.

If the decedent is a boarder for another agency, the Chief Corrections Deputy shall notify that agency so that agency will assume responsibility for the notification of the decedent’s family.

Pursuant to Article 37 of the Vienna Convention on Consular Relations 1963, in the case of the death of a foreign national, telephonic notification to the appropriate consulate post should be made without unreasonable delay and confirmatory written notification shall be made within 72 hours of the death to the appropriate consulate post. The notification shall include the inmate’s name, identification number, date and time of death and the attending physician’s name.

In the event that a juvenile dies while in-custody, the Chief Corrections Deputy or the authorized designee shall notify the court of jurisdiction and ensure notification to the juvenile's parent or guardian.

515.4 PROCEDURE

Upon determining that a death of any person has occurred while in the custody of this office, the Shift Sergeant is responsible for ensuring that the Sheriff and all appropriate investigative authorities, including the Coroner, are notified without delay and all written reports are completed.

The Shift Sergeant shall also promptly notify the Chief Corrections Deputy and make any other notifications required by policy or direction. The Chief Corrections Deputy shall observe all pertinent laws and allow appropriate investigating agencies full access to all facts surrounding the death (RCW 68.50.010).

The Office shall establish policies and procedures for the investigation of any in-custody death.

The decedent’s personal belongings shall be disposed of in a responsible and legal manner (RCW 36.24.130). All property and records shall be retained according to established records retention schedules (WAC 44-14-03005).

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The individual designated by the decedent shall be notified of all pertinent information as required by law.

During an investigation, all inquiries regarding the death shall be referred to the Sheriff. Corrections Deputy shall not make a public comment.

515.5 IN-CUSTODY DEATH REVIEW

The Sheriff is responsible for establishing a team of qualified staff to conduct an administrative review of every in-custody death. At a minimum, the review team should include the following:

(a) Sheriff and/or the Chief Corrections Deputy

(b) County Attorney

(c) County Prosecutor

(d) Investigative staff

(e) Responsible Physician, qualified health care professionals, supervisors or other staff who are relevant to the incident

The in-custody death review should be conducted no later than 72 hours after the incident.

515.5.1 UNEXPECTED-FATALITY REVIEW

When the death of an inmate is unexpected, the Sheriff or the authorized designee shall conduct an unexpected-fatality review by appointing an unexpected-fatality review team that meets the requirements of RCW 70.48.510. The review should include recommendations regarding changes in practices or policies to prevent fatalities and strengthen safety and health protections for inmates in custody.

Upon conclusion of the review, the Sheriff shall, within 120 days following the fatality, issue a report of the results and distribute it to the governing unit with primary responsibility for the operation of the jail, and appropriate committees of the legislature. The report is subject to public disclosure, but confidential information may be redacted consistent with the requirements of applicable state and federal law.

The Sheriff is responsible for developing and implementing procedures to carry out the responsibilities of the review.

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Staff and Inmate Contact

516.1 PURPOSE AND SCOPE

Interaction with inmates allows for continual assessment of the safety and security of the facility and the health and welfare of the inmates. However, inappropriate interaction can undermine security and order in the facility and the integrity of the supervision process.

This policy provides guidelines for appropriate and professional interaction between members and inmates, and is intended to promote high ethical standards of honesty, integrity and impartiality as well as increase facility safety, discipline and morale.

Violation of this policy may result in disciplinary action up to and including dismissal. Members who seek information or clarification about the interpretation of this policy are encouraged to promptly contact their supervisor.

516.2 POLICY

The Chief Corrections Deputy shall ensure that inmates have adequate ways to communicate with staff and that the staff communicates and interacts with inmates in a timely and professional manner.

516.3 GENERAL CONTACT GUIDELINES

Members are encouraged to interact with the inmates under their supervision and are expected to take prompt and appropriate action to address health and safety issues that are discovered or brought to their attention.

All members should present a professional and command presence in their contact with inmates. Members shall address inmates in a civil manner. The use of profanity, and derogatory or discriminatory comments is strictly prohibited.

Written communication (e.g., request forms, inmate communication, grievances, rules infraction forms, disciplinary reports) shall be answered in a timely manner. Such communication shall be filed with the inmate’s records.

Members shall not dispense legal advice or opinions, or recommend attorneys or other professional services to inmates.

While profanity and harsh language are prohibited, the Office recognizes the necessity for staff to give inmates direction in a firm, determined, and authoritative manner in order to maintain proper supervision and control. Authoritative directions to inmates are particularly instructed when activities or events pose a threat to the safety or security of this facility.

516.4 ANTI-FRATERNIZATION

Personal or other interaction not pursuant to official duties between facility staff and current inmates, inmates who have been discharged within the previous year, their family members or known associates have the potential to create conflicts of interest and security risks in the work environment.

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Members shall not knowingly maintain a personal or unofficial business relationship with any persons described in this section unless written permission is received from the Chief Corrections Deputy.

Prohibited interactions include but are not limited to:

(a) Communications of a sexual or romantic nature.

(b) Salacious exchanges.

(c) Sexual abuse, sexual assault, sexual contact, or sexual harassment.

(d) Exchanging letters, phone calls, or other similar communications, such as texting.

(e) Exchanging money or other items.

(f) Extending privileges, giving or accepting gifts, gratuities, or favors.

(g) Bartering.

(h) Any financial transactions.

(i) Being present at the home of an inmate for reasons other than an official visit without reporting the visit.

(j) Providing an inmate with the staff member’s personal contact information, including social media accounts.

516.4.1 EXCEPTIONS

The Chief Corrections Deputy may grant a written exception to an otherwise prohibited relationship on a case-by-case basis based upon the totality of the circumstance. In determining whether to grant an exception, the Chief Corrections Deputy should give consideration to factors including, but not limited to:

- Whether a relationship existed prior to the incarceration of the inmate.
- Whether the relationship would undermine security and order in the facility and the integrity of the supervision process.
- Whether the relationship would be detrimental to the image and efficient operation of the facility.
- Whether the relationship would interfere with the proper discharge of, or impair impartiality and independence of, judgment in the performance of duty.

516.5 REPORTING

Members shall promptly report all attempts by inmates to initiate sexual acts or any salacious conversations, and forward any correspondence from an inmate or former inmate to the Chief Corrections Deputy or the authorized designee.

Members shall report all attempts by inmates to intimidate or instill feelings of fear to their supervisor.

Members shall promptly notify their immediate supervisors in writing if:

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- A family member or close associate has been incarcerated or committed to the custody of the facility.
- The member is involved in a personal or family relationship with a current inmate or with an inmate who has been discharged within the previous year.

516.6 CONSTITUTIONAL MATTERS

Members shall follow all United States and Washington Constitutional requirements pertaining to custodial situations; including, but not limited to, search and seizure, access to counsel and interview and interrogation.

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Chapter 6 - Inmate Due Process

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Prison Rape Elimination Act

606.1 PURPOSE AND SCOPE

This policy provides guidance for compliance with the Prison Rape Elimination Act of 2003 (PREA) and the implementing regulation that establishes standards (PREA Rule) to prevent, detect and respond to sexual abuse and sexual harassment (28 CFR 115.11).

606.1.1 DEFINITIONS

Definitions related to this policy include:

Intersex - A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Sexual abuse - Any of the following acts, if the inmate does not consent, is coerced into such act by overt or implied threats of violence or is unable to consent or refuse:

(a) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight

(b) Contact between the mouth and the penis, vulva or anus

(c) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument

(d) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or the buttocks of another person, excluding contact incidental to a physical altercation (28 CFR 115.6)

Sexual abuse also includes abuse by a staff member, contractor or volunteer as follows, with or without consent of the inmate, detainee or resident:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight
- Contact between the mouth and the penis, vulva or anus
- Contact between the mouth and any body part where the staff member, contractor or volunteer has the intent to abuse, arouse or gratify sexual desire
- Penetration of the anal or genital opening, however slight, by a hand, finger, object or other instrument, that is unrelated to official duties, or where the staff member, contractor or volunteer has the intent to abuse, arouse or gratify sexual desire
- Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh or the buttocks, that is unrelated to official duties, or where the staff member, contractor or volunteer has the intent to abuse, arouse or gratify sexual desire

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- Any attempt, threat or request by a staff member, contractor or volunteer to engage in the activities described above
- Any display by a staff member, contractor or volunteer of his/her uncovered genitalia, buttocks or breast in the presence of an inmate, detainee or resident
- Voyeurism by a staff member, contractor or volunteer (28 CFR 115.6)

Sexual harassment - Repeated and unwelcome sexual advances; requests for sexual favors; verbal comments, gestures or actions of a derogatory or offensive sexual nature by one inmate, detainee or resident that are directed toward another; repeated verbal comments or gestures of a sexual nature to an inmate, detainee or resident by a staff member, contractor or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures (28 CFR 115.6).

Transgender - A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person’s assigned sex at birth.

606.2 POLICY

This office has zero tolerance with regard to sexual abuse and sexual harassment in this facility. This office will take appropriate affirmative measures to protect all inmates from sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment.

606.3 PRESERVATION OF ABILITY TO PROTECT INMATES

The Office shall not enter into or renew any collective bargaining agreement or other agreement that limits the office's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted (28 CFR 115.66).

606.4 PREA COORDINATOR

The Chief Corrections Deputy shall appoint an upper-level manager with sufficient time and authority to develop, implement, and oversee office efforts to comply with PREA standards. The PREA coordinator shall review facility policies and practices and make appropriate compliance recommendations to the Chief Corrections Deputy (28 CFR 115.11).

The PREA coordinator’s responsibilities shall include:

(a) Developing a written plan to coordinate response among staff first responders, medical and mental health practitioners, investigators, and facility management to an incident of sexual abuse. The plan must also outline the office's approach to identifying imminent sexual abuse toward inmates and preventing and detecting such incidents (28 CFR 115.11; 28 CFR 115.65; 28 CFR 115.62).

(b) Ensuring that within 30 days of intake, inmates are provided with comprehensive education, either in person or through video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such

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incidents, and regarding the office's policies and procedures for responding to such incidents (28 CFR 115.33).

(c) Developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, in order to protect detainees from sexual abuse. This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration (28 CFR 115.13):

1. Generally accepted detention and correctional practices.
2. Any judicial findings of inadequacy.
3. Any findings of inadequacy from federal investigative agencies.
4. Any findings of inadequacy from internal or external oversight bodies.
5. All components of the facility's physical plant, including blind spots or areas where staff or inmates may be isolated.
6. The composition of the inmate population.
7. The number and placement of supervisory staff.
8. Institution programs occurring on a particular shift.
9. Any applicable state or local laws, regulations, or standards.
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
11. Any other relevant factors.

(d) Ensuring that, when designing, acquiring, expanding or modifying facilities, or when installing or updating a video-monitoring system, electronic surveillance system, or other monitoring technology, consideration is given to the office’s ability to protect inmates from sexual abuse (28 CFR 115.18).

(e) Ensuring that any contract for the confinement of Okanogan County Sheriff's Office detainees or inmates includes the requirement to adopt and comply with the PREA standards including obtaining incident-based and aggregated data, as required in 28 CFR 115.187. Any new contract or contract renewal shall provide for office contract monitoring to ensure that the contractor is complying with the PREA standards (28 CFR 115.12).

(f) Making reasonable efforts to enter into agreements with community service providers to provide inmates with confidential, emotional support services related to sexual abuse. The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The facility shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will

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be forwarded to authorities in accordance with mandatory reporting laws (28 CFR 115.53).

(g) Ensuring the protocol describing the responsibilities of the Office and of another investigating agency, if another law enforcement agency will be responsible for conducting any sexual abuse or sexual harassment investigations, is published on the facility website or by other means, if no website exists (28 CFR 115.22).

(h) Implementing a process by which inmates may report sexual abuse and sexual harassment to a public/private entity or an office that is not part of the Office and that the outside entity or office is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to the Chief Corrections Deputy, allowing the inmate anonymity (28 CFR 115.51).

(i) Establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this office, using a standardized instrument and set of definitions. Upon request, the Office shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30 (28 CFR 115.87).

(a) The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. DOJ.

(b) The data shall be aggregated at least annually.

(j) Establishing a process to monitor the conduct and treatment of detainees or staff who have reported sexual abuse and the conduct and treatment of detainees who were reported to have suffered sexual abuse.

(k) Ensuring that the following are published on the office website or by other means, if no website exists:

1. Office policy governing investigations of allegations of sexual abuse and sexual harassment or the referral of such investigations of sexual abuse or sexual harassment (unless the allegation does not involve potentially criminal behavior) (28 CFR 115.22)

2. Information on how to report sexual abuse and sexual harassment on behalf of an inmate (28 CFR 115.54)

(l) Ensuring audits are conducted pursuant to 28 CFR 115.401 through 28 CFR 115.405 (28 CFR 115.93).

(m) Implementing a protocol requiring mid-level or higher-level supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol shall prohibit announcing when such inspections are to occur, unless it is necessary for operational considerations (28 CFR 115.13).

(n) Ensuring agreements with outside investigating agencies include PREA requirements, including a requirement to keep the Okanogan County Sheriff's Office informed of the progress of the investigation (28 CFR 115.71).

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(o) Ensuring the Office conducts follow-up criminal background records checks at least once every five years on members or contractors who may have contact with inmates or has in place a system for otherwise capturing such information (28 CFR 115.17).

606.5 REPORTING SEXUAL ABUSE, HARASSMENT AND RETALIATION

Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.61). Staff may also privately report sexual abuse and sexual harassment of inmates (e.g., report to the Chief Corrections Deputy) (28 CFR 115.51).

The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident, of sexual abuse or sexual harassment to a staff member (28 CFR 115.54).

Inmates may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff shall accommodate all inmate requests to report allegations of sexual abuse or harassment. Staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports (28 CFR 115.51).

Threats or allegations of sexual abuse and sexual harassment, regardless of the source, shall be documented and referred for investigation. Sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law (28 CFR 115.61).

606.5.1 REPORTING TO OTHER FACILITIES

If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Chief Corrections Deputy shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Chief Corrections Deputy shall ensure that the notification has been documented (28 CFR 115.63).

606.6 RETALIATION

All inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation.

Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment or reassignment of the victim or alleged perpetrator to another housing area, and support services for inmates or staff who fear retaliation shall be utilized (28 CFR 115.67).

The Chief Corrections Deputy or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of inmates or staff who report sexual abuse or sexual harassment, as well as inmates who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. The assigned supervisor should consider inmate disciplinary reports, housing or program changes, negative staff performance reviews or reassignment of staff members.

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Monitoring may continue beyond 90 days if needed. Inmate monitoring shall also include periodic status checks. The Chief Corrections Deputy should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation (28 CFR 115.67).

606.7 FIRST RESPONDERS

If an allegation of inmate sexual abuse is made, the first corrections deputy to respond shall (28 CFR 115.64):

(a) Separate the parties.

(b) Request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals (28 CFR 115.82).

(c) Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence.

(d) If the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating).

(e) Consider whether a change in classification or housing assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of housing.

(f) Determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation.

If the first responder is not a corrections deputy, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a corrections deputy.

Should an investigation involve inmates who have disabilities or who have limited English proficiency, the first responder shall not rely on inmate interpreters, inmate readers or other types of inmate assistants, except in limited circumstances where an extended delay in obtaining an interpreter could compromise inmate safety, the performance of first responder duties or the investigation of sexual abuse or sexual harassment allegations (28 CFR 115.16).

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606.8 SEXUAL ABUSE VICTIMS

Inmates who are victims of sexual abuse shall be transported to the nearest appropriate location for treatment of injuries and collection of evidence, and for crisis intervention services (28 CFR 115.82). Depending on the severity of the injuries, transportation may occur by a staff member or by ambulance, in either case with appropriate security to protect the staff, the inmate, and the public, and to prevent escape.

A victim advocate from a rape crisis center should be made available to the victim. If a rape crisis center is not available, the Office shall make available a qualified member of a community-based organization, or a qualified health care or mental health professional from the Office, to provide victim advocate services. Efforts to secure services from a rape crisis center shall be documented. A rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 34 USC § 12511, to sexual assault victims of all ages. A rape crisis center that is part of a government unit may be used if it is not part of the criminal justice system (such as a law enforcement agency) and it offers a level of confidentiality comparable to the level at a nongovernmental entity that provides similar victim services (28 CFR 115.21).

606.9 EXAMINATION, TESTING AND TREATMENT

Examination, testing and treatment shall include the following:

(a) Forensic medical examinations shall be performed as evidentiarily or medically appropriate, without financial cost to the victim. Where possible, these examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE)s. If neither SAFEs nor SANEs are available, other qualified medical practitioners can perform the examination. The Office shall document its efforts to provide SAFEs or SANEs (28 CFR 115.21).

(b) If requested by the victim, a victim advocate, a qualified office staff member or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information and referrals (28 CFR 115.21).

(c) Provisions shall be made for testing the victim for sexually transmitted diseases (28 CFR 115.82).

(d) Counseling for the treatment of sexually transmitted diseases, if appropriate, shall be provided.

(e) Victims shall be offered information about, and given access to, emergency contraception, prophylaxis for sexually transmitted infections and follow-up treatment for sexually transmitted diseases (28 CFR 115.82; 28 CFR 115.83). This shall be done in a timely manner.

(f) Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services (28 CFR 115.83). This shall be done in a timely manner.

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(g) Victims shall be provided with follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody (28 CFR 115.83).

(h) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (28 CFR 115.82; 28 CFR 115.83).

(i) The health authority or mental health staff shall obtain informed consent from inmates before reporting information to jail staff about prior sexual victimization that occurred somewhere other than an institutional setting, unless the inmate is under the age of 18 (28 CFR 115.81).

(j) Medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform jail staff about security or management decisions (28 CFR 115.81).

606.10 SEXUAL ABUSE AND SEXUAL HARASSMENT INVESTIGATIONS

An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22). Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases (28 CFR 115.71).

When practicable, an investigator of the same sex as the victim should be assigned to the case. Sexual abuse and sexual harassment investigations should be conducted promptly and continuously until completed. Investigators should evaluate reports or threats of sexual abuse and sexual harassment without regard to an inmate's sexual orientation, sex or gender identity. Investigators should not assume that any sexual activity among inmates is consensual.

The departure of the alleged abuser or victim from the employment or control of the jail or Office shall not provide a basis for terminating an investigation (28 CFR 115.71).

If the investigation is referred to another agency for investigation, the Office shall request that the investigating agency follow the requirements as provided in 28 CFR 115.21 (a) through (e). The referral shall be documented. The Office shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation (28 CFR 115.71). If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges (28 CFR 115.71).

Evidence collection shall be based on a uniform evidence protocol that is developmentally appropriate for youth, if applicable, and adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, ''A National Protocol for

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Sexual Assault Medical Forensic Examinations, Adults/Adolescents,'' or similarly comprehensive and authoritative protocols developed after 2011 (28 CFR 115.21).

Inmates alleging sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation (28 CFR 115.71).

If a victim is under 18 or considered a vulnerable adult under state law, the assigned investigator shall report the allegation to the designated social services agency as required (28 CFR 115.61).

606.10.1 INVESTIGATIVE FINDINGS

All completed written investigations shall be forwarded to the Chief Corrections Deputy or if the allegations may reasonably involve the Chief Corrections Deputy, to the County Commissioner. The Chief Corrections Deputy or Sheriff shall review the investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by a preponderance of the evidence (28 CFR 115.71; 28 CFR 115.72).

The staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy. Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies (28 CFR 115.76).

606.10.2 REPORTING TO INMATES

The Chief Corrections Deputy or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. If the Office did not conduct the investigation, the Office shall request relevant information from the investigative agency in order to inform the inmate.

If a staff member is the accused (unless the Office has determined that the allegation is unfounded), the inmate shall also be informed whenever:

(a) The staff member is no longer assigned to the inmate's unit or employed at the facility.

(b) The Office learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.

If another inmate is the accused, the alleged victim shall be notified whenever the Office learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

All notifications or attempted notifications shall be documented. When notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added to the case file (28 CFR 115.73).

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606.11 SEXUAL ABUSE AND SEXUAL HARASSMENT BETWEEN STAFF AND INMATES

Sexual abuse and sexual harassment between staff, volunteers or contract personnel and inmates is strictly prohibited. The fact that an inmate may have initiated a relationship or sexual contact is not a defense to violating this policy.

Any incident involving allegations of staff-on-inmate sexual abuse or sexual harassment shall be referred to the Internal Affairs Unit for investigation.

606.11.1 SEXUAL ABUSE BY CONTRACTOR OR VOLUNTEER

Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with inmates. He/she shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies (28 CFR 115.77).

606.12 PROTECTIVE CUSTODY

Inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation. Inmates may be held in involuntary protective custody for less than 24 hours while an assessment is completed.

If an involuntary protective custody assignment is made because of a high risk for victimization, the Chief Corrections Deputy shall clearly document the basis for the concern for the inmate's safety and the reasons why no alternative means of separation can be arranged (28 CFR 115.43).

The facility shall assign these inmates to involuntary protective custody only until an alternative means of separation from likely abusers can be arranged, not ordinarily in excess of 30 days.

Inmates placed in temporary protective custody shall continue to have reasonable access to programs, privileges, education and work opportunities. If restrictions are put in place, the Chief Corrections Deputy shall document the following:

(a) The opportunities that have been limited

(b) The duration of the limitation

(c) The reasons for such limitations

Every 30 days, the Chief Corrections Deputy shall afford each such inmate a review to determine whether there is a continuing need for protective custody (28 CFR 115.43).

606.13 SEXUAL ABUSE INCIDENT REVIEW

An incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded (28 CFR 115.86). The review should occur within 30 days of the conclusion of the investigation.

The review team shall include upper-level management officials and seek input from line supervisors, investigators and qualified health care and or mental health professionals, as appropriate:

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(a) Consider whether the investigation indicates a need to change policy or practice in order to better prevent, detect or respond to sexual abuse.

(b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification status or perceived status; by gang affiliation; or other group dynamics at the facility.

(c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse.

(d) Assess the adequacy of staffing levels in the area during different shifts.

(e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

(f) Prepare a written report of the team’s findings, including, but not limited to, determinations made pursuant to paragraphs (a)-(e) of this section, and any recommendations for improvement. The report should be submitted to the Sheriff and the PREA coordinator.

The Chief Corrections Deputy or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so.

606.14 DATA REVIEWS

This office shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices and training by:

(a) Identifying problem areas.

(b) Identifying corrective actions taken.

(c) Recommending corrective actions.

(d) Comparing current annual data and corrective actions with those from prior years.

(e) Assessing the office’s progress in addressing sexual abuse.

The reports shall be approved by the Chief Corrections Deputy and made available through the office website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated (28 CFR 115.88).

All aggregated sexual abuse data from Okanogan County Sheriff's Office facilities and private facilities with which it contracts shall be made available to the public at least annually through the office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.89).

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606.15 RECORDS

All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling, shall be retained in accordance with confidentiality laws.

The Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years (28 CFR 115.71).

All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise (28 CFR 115.89).

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Chapter 7 - Medical-Mental Health

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Health Care Administrative Meetings and Reports

700.1 PURPOSE AND SCOPE

The Office recognizes that the delivery of effective health care requires open and frequent communication between the Responsible Physician and the Chief Corrections Deputy. This policy provides guidelines for the continuous monitoring, planning and problem resolution in providing health care that addresses the medical needs of the inmate population and prevents potential outbreaks of communicable and contagious illness.

700.1.1 DEFINITIONS

The following terms and meanings shall apply to all policies in this chapter:

Access to care - An inmate should be seen in a timely manner by a qualified health care professional. The inmate should be given a professional clinical diagnosis and receive treatment that is ordered by the authorized medical provider.

Clinical practice guidelines - A systematically developed science-based statement designed to assist practitioners and inmates with decisions about appropriate health care for specific clinical circumstances. Clinical practice guidelines are used to assist clinical decision-making, assess and assure the quality of care, educate individuals and groups about clinical disease, guide the allocation of health care resources and reduce the risk of legal liability for negligent care.

Clinical setting - An examination or treatment room, either on- or off-site, which is appropriately supplied and equipped to address a patient's health care needs.

Direct order - A written order issued by an authorized health care professional specifically for the treatment of an inmate's particular condition.

Health authority - The authorized facility Physician, health services administrator or health agency responsible for providing all health care services or coordinating the delivery of all health care services.

Health care - The sum of all actions, preventive and therapeutic, taken for the physical and mental well-being of the inmate population. The term health care includes medical, both physical and psychological, dental, nutrition and other ancillary services, as well as maintaining safe and sanitary environmental conditions.

Health-trained custody staff - A corrections deputy or other facility employee who has received training from the Responsible Physician or the authorized licensed designee in limited aspects of health care coordination.

HIPAA - Health Insurance Portability and Accountability Act

Mental health staff - Qualified health care professionals who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.

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Physical examination - An objective, hands-on evaluation of an individual. It involves the inspection, palpation, auscultation and percussion of a body to determine the presence or absence of physical signs of disease.

Responsible Physician - An individual licensed to practice medicine and provide health services to the inmate population of the facility, or the physician at an institution with final responsibility for decisions related to medical judgment.

Qualified health care professional - Physicians, physician's assistants, nurses, nurse practitioners, dentists, mental health professionals or other persons who, by virtue of their education, credentials and experience are permitted by law to evaluate and care for patients within the parameters of his/her license or certification.

Sick call - The evaluation and treatment of an ambulatory patient, either on- or off-site, by a qualified health care professional.

Special needs - Health conditions that require regular care.

Standing order - Written orders issued by a physician that specify the same course of treatment for each patient suspected of having a given condition and the specific use and amount of prescription drugs (e.g., immunizations, insulin, seizure medications).

Suicidal ideation - Having thoughts of suicide or of taking action to end one's own life. Suicidal ideation includes all thoughts of suicide when the thoughts include a plan to commit suicide and when they do not.

Treatment plan - A series of written statements specifying a patient's particular course of therapy and the roles of qualified health care professionals in delivering the care.

Triage - The sorting and classifying of health care requests to determine priority of need and the proper place for health care to be rendered.

700.2 POLICY

The Sheriff shall select the Responsible Physician in accordance with the Health Authority Policy. It is the policy of this facility that the Responsible Physician should meet with the Chief Corrections Deputy at least quarterly. The Responsible Physician should be required to submit a report addressing the effectiveness of the health care system, a description of any environmental or access issues that require improvement, and detail any progress that has been made in previously reported areas. The quarterly meeting should be documented, which should include the names of attendees and a list of the topics discussed.

The data for the quarterly report should be gathered via the monthly meetings with all facility Shift Sergeants, medical staff and qualified health care professionals. The monthly meetings should cover the following topics:

- Health care services
- Quality improvement findings

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- Infection control efforts
- Inmate grievances
- Environmental inspections report

700.2.1 STATISTICAL REPORTS

In addition to the quarterly report described above, a statistical report will be provided annually to the Chief Corrections Deputy. The statistical report will be prepared by the Responsible Physician and shall include, but not be limited to, the following:

(a) The number of inmates receiving health services by category of care

(b) The number of referrals to specialists

(c) Prescriptions written and medications dispensed

(d) Laboratory and X-ray tests completed

(e) Infirmary admissions, if applicable

(f) On-site and off-site hospital admissions

(g) Serious injuries or illnesses

(h) Deaths

(i) Off-site transports

(j) Infectious disease monitoring

(k) Emergency services provided to inmates

(l) Dental visits provided

(m) Number of health care grievances by category (e.g., medication error, missed appointment, health staff complaint) and whether the grievance was founded or unfounded

It is the responsibility of the Chief Corrections Deputy to ensure that copies of the statistical reports and documentation of any remedies implemented are retained in accordance with established records retention schedules.

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Access to Health Care

701.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures to ensure timely access to necessary medical, mental health, psychiatric, and substance use disorder health care services for individuals incarcerated in the Okanogan County Jail. Access to health care shall support safety, stabilization, continuity of care, and successful re-entry, and shall be implemented in alignment with Policy 716 – Re-Entry Coordination and Continuity of Care.

701.2 POLICY

It is the policy of this office that all inmates, regardless of custody status or housing location, will have timely access to a qualified health care professional and receive a timely professional clinical judgment and appropriate treatment.

The Okanogan County Sheriff's Office facility will provide appropriate and cost-effective emergency and necessary medical, dental and mental health care as necessary to maintain the health and well-being of inmates to a reasonable and socially acceptable standard (RCW 70.48.130).

701.3 ACCESS TO CARE

Inmate medical requests will be evaluated by qualified health care professionals or health-trained custody staff. Health care services will be made available to inmates from the time of admission until they are released. Information regarding how to contact the medical staff will be posted in all inmate housing areas. Medications and community health resources and referrals may be provided upon request when the inmate is released.

Unreasonable barriers shall not be placed on an inmate’s ability to access health services. Health care that is necessary during the period of imprisonment shall be provided regardless of an inmate’s ability to pay, the size of the facility or the duration of the inmate’s incarceration (RCW 70.48.130). Such unreasonable barriers include:

- Punishing inmates for seeking care for their health needs.
- Assessing excessive co-payments that prevent or deter inmates from seeking care for their health needs.
- Deterring inmates from seeking care for their health needs by scheduling sick call at unreasonable times.

All routine requests for medical attention shall be promptly routed to a qualified health care professional.

Any incident of an inmate refusing medical treatment or causing a disruption in the delivery of health care services shall be documented in an incident report. The original incident report shall be forwarded to the Responsible Physician and a copy sent to the Chief Corrections Deputy.

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701.4 CONTINUITY OF CARE AND RE-ENTRY COORDINATION

When an inmate accessing health care services is identified as having ongoing medical, mental health, psychiatric, or substance use disorder needs, staff shall initiate referral to the Re-Entry Coordination process outlined in Policy 716. Re-entry coordination shall support continuity of care, including medication management, follow-up appointments, and linkage to community or tribal providers when feasible.

Access to health care services shall not be delayed or denied for the purpose of re-entry coordination.

701.5 HEALTH CARE GRIEVANCES

Custody personnel should authorize and encourage resolution of inmate complaints and requests on an informal basis whenever possible. To the extent practicable, custody personnel should provide inmates with opportunities to make suggestions to improve programs and conditions.

Inmates will be informed of the grievance process during inmate orientation. The grievance process is also explained in the inmate handbook, which all inmates receive and which they should have additional access to in their housing units. Grievances will be handled in accordance with the Inmate Grievances Policy.

Custody personnel should minimize technical requirements for grievances and allow inmates to initiate the grievance process by briefly describing the nature of the complaint and the remedy sought. For simple questions and answers regarding clinical issues, inmates may meet with a qualified health care professional or may submit a written correspondence.

Inmate grievances regarding health care issues will be investigated by an uninvolved member of the medical staff. If no such person is available or does not exist, an outside peer should be sought to investigate the grievance. The inmate should be provided with a written response in accordance with the schedule set forth in the Inmate Grievances Policy. Responses to inmate grievances should be based on the community standard of health care.

Copies of grievances and the facility’s response shall be sent to the Chief Corrections Deputy, who, in consultation with the Responsible Physician, shall serve as the final authority in response to all inmate grievances.

If an inmate is not satisfied with the response, the inmate may appeal the grievance as outlined in the Inmate Grievances Policy.

701.6 AUTHORITY AND DOCUMENTATION

All health care access and service activities shall be documented in the inmate's health record. Clinical decisions shall remain the responsibility of licensed health care professionals. Nothing in this policy shall supersede custody authority, security operations, or clinical judgment.

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Non-Emergency Health Care

702.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a daily triage system of inmate requests for health care services. This is to ensure that the health needs of the population are addressed properly and in a timely manner.

702.2 POLICY

It is the policy of this office to provide daily access to the qualified health care professionals or health-trained custody staff in order for inmates to request medical services. All health care requests will be documented, triaged and referred appropriately by medical staff. Qualified health care professionals will conduct sick call and clinics for health care services on a scheduled basis to ensure a timely response to requests for medical services.

The Responsible Physician, in coordination with the Chief Corrections Deputy or the authorized designee, is responsible for developing a process that includes:

(a) A process for inmates to request health services on a daily basis.

(b) A priority system for health care services to acquire and address requests for routine health care, and for urgent or emergent injuries, illnesses and conditions.

(c) Making health care request forms available in each housing unit and to all inmates upon request.

(d) A system, in which health care requests are documented, triaged and referred appropriately.

(e) Restrictions that prohibit non-health services personnel from diagnosing or treating illnesses or injuries.

702.3 HEALTH CARE REQUESTS

During the collection of health care requests from inmates, care should be taken to protect the confidentiality of the inmate and the nature of the health issue. The collector shall date and initial the request when the collection takes place. The requests shall be triaged to determine the priority of need and the proper place for health care to be delivered.

Inmates will be instructed on how to obtain medical services during the inmate orientation process and in the inmate handbook. Inmates shall submit a medical request form to the housing unit deputy or the health-trained custody staff delivering medications, or a nurse, if appropriate.

Medical request forms should be available in languages representative of the population. Inmates who communicate in a language not available in printed form shall have access to interpreter services.

Inmates with disabilities should be provided with appropriate assistance or accommodation to ensure they are able to request health care services.

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The housing unit corrections deputy shall ensure the reason for seeking medical attention is on the medical request form. If no reason is given, the corrections deputy shall encourage the inmate to indicate whether the matter is urgent or confidential. The corrections deputy shall forward all requests to the jail nurse.

702.4 TRIAGE OF HEALTH CARE REQUESTS

Qualified health care professionals shall perform a daily triage. Sick call shall be available to inmates at least three days a week and shall be performed by a qualified health care professional.

Other qualified health care professionals should schedule inmates in need of specialized treatment for the next available providers' clinic. The wait for the next available providers' clinic should not exceed four days. The qualified health care professional shall document the referral in the providers' scheduling book and on the inmate's medical record.

The frequency and duration of sick call should be sufficient to meet the needs of the inmate population, but should be conducted at least weekly by a qualified health care professional. If an inmate's custody status precludes attendance at sick call, arrangements shall be made to provide sick call services in the place of the inmate's detention.

702.5 CONTINUITY OF CARE AND RE-ENTRY COORDINATION

When an inmate receiving non-emergency health care services is identified as having ongoing medical, mental health, psychiatric, or substance use disorder needs, staff shall initiate referral to the Re-Entry Coordination process outlined in Policy 716. Re-entry coordination shall support continuity of care, including follow-up appointments, medication management, and linkage to community or tribal providers when feasible.

Provision of non-emergency health care services shall not be delayed or denied for the purpose of re-entry coordination

702.6 AUTHORITY AND DOCUMENTATION

All non-emergency health care services shall be documented in the inmate's health record. Clinical decisions shall remain the responsibility of licensed health care professionals. Nothing in this policy shall supersede custody authority, security operations, or clinical judgment.

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Referrals and Coordination of Specialty Care

703.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures for referral to and coordination of specialty medical, psychiatric, mental health, and substance use disorder care for individuals incarcerated in the Okanogan County Jail. Specialty care coordination shall ensure access to medically necessary services, continuity of care, and safe transition planning in alignment with Policy 716 – Re-Entry Coordination and Continuity of Care.

703.2 POLICY

The corrections facility shall provide access to specialty care services when an inmate's health care needs exceed the capabilities of in-house medical or behavioral health services. Specialty care shall be provided through referral to contracted providers, telehealth services, or community-based providers as clinically appropriate.

703.3 CHIEF CORRECTIONS DEPUTY RESPONSIBILITY

The Chief Corrections Deputy or the authorized designee, in coordination with the Responsible Physician is responsible for establishing written agreements with outside specialty health care services for emergency and urgent care that is not available within the facility. In addition, a plan shall be developed for the secure transportation of inmates to a facility where such care is available.

703.4 REFERRAL PROCESS

Referrals to specialty care shall be initiated by licensed medical or behavioral health providers based on clinical assessment and medical necessity. The Case Manager may assist with coordination and scheduling but shall not make clinical determinations.

703.5 OFF-SITE COORDINATION AND SCHEDULING

Specialty care appointments shall be coordinated to balance clinical urgency, security considerations, and operational feasibility. Transportation and custody arrangements shall be coordinated by custody staff in consultation with health care personnel.

703.6 CONTINUITY OF CARE AND RE-ENTRY COORDINATION

When an inmate receiving specialty care is identified as having ongoing medical, mental health, psychiatric, or substance use disorder needs at or near release, staff shall initiate referral to the Re-Entry Coordination process outlined in Policy 716. Re-entry coordination shall support continuity of specialty care, including follow-up appointments and linkage to community or tribal providers when feasible.

Referral to specialty care shall not be delayed or denied for the purpose of re-entry coordination.

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703.7 AUTHORITY AND DOCUMENTATION

All specialty care referrals and coordination activities shall be documented in the inmate's health record. Clinical decisions shall remain the responsibility of licensed providers. Nothing in this policy shall supersede custody authority, security operations, or clinical judgment.

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Emergency Health Care Services

704.1 PURPOSE AND SCOPE

The purpose of this policy is to establish plans and procedures for responding to medical emergencies in the facility when the level of medical or mental health services exceed the licensure or certification of staff who are on-duty and to define staff training requirements.

704.2 POLICY

It is the policy of this office that emergency medical, mental health services are available 24 hours a day. These services may include off-site health care services.

704.3 PROCEDURES

The Chief Corrections Deputy or the authorized designee shall work cooperatively with the Responsible Physician to develop plans and procedures for responding to emergency medical incidents that occur when the level of medical or mental health services needed exceeds the licensure or certification of staff who are on-duty. The plans should include: on-site emergency first aid, basic life support and crisis intervention; emergency evacuation of an inmate from the facility, including security procedures, to ensure an immediate transfer when appropriate; on-call physicians, mental health professionals; predetermined back-up health care services when the emergency health facility is not located in a nearby community; and the identification of primary, secondary and tertiary acute care facilities.

The plan may additionally include, but is not limited to, these components:

(a) Health-trained custody staff shall respond to all emergencies immediately upon notification.

(b) Contact information for emergency on-call health care services, both on- and off-site, is available and accessible for facility supervisors.

(c) Qualified health care professionals shall respond by reporting to the area of the emergency with the necessary emergency equipment and supplies.

(d) Emergency equipment and supplies are regularly maintained and accessible to the qualified health care professionals and health-trained custody staff.

(e) Most inmates will be stabilized on-site and then transferred to an appropriate health care unit, if necessary.

(f) Notification of on-call physicians and mental health staff will be done as soon as the situation reasonably allows.

(g) The qualified health care professionals will determine if the inmate needs to be transported to a local emergency room for treatment.

(h) When necessary, facility staff shall activate 9-1-1 and notify a supervisor as soon as reasonably practicable.

(i) Death notifications will be made in accordance with the Inmate Death - Clinical Care Review Policy.

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The goal of any emergency medical response plan is to provide emergency medical care to those in need as expeditiously as possible. While facility size and patient proximity to the health care service will vary, staff training will emphasize responding to medical emergencies as soon as reasonably possible.

704.4 EMERGENCY PROCEDURES

The Chief Corrections Deputy or the authorized designee is responsible for ensuring the following information, equipment and personnel are available in the event an inmate requires emergency treatment:

(a) A current list of names, addresses and telephone numbers of all persons and agencies to be notified in an emergency. The list should be available to all health care and custody staff at all times, and should be updated quarterly.

(b) Emergency drugs, equipment and supplies should be readily available at all times and replenished after each use. An inventory control system should be in use to ensure the necessary supplies are present when needed and have not expired. This includes:

1. Opioid overdose medication as provided by RCW 69.41.095.
2. Epinephrine as provided by Washington law (RCW 70.54.440).

(c) A physician and mental health professional should be available on-call 24 hours a day, seven days a week (this can include off-site health care services) and there should be a back-up health care services plan.

(d) Ambulances should be accessed through the facility staff or by calling the appropriate emergency number. There should be a clear security plan in place for the transportation of inmates.

(e) The Shift Sergeant will be contacted and informed of any emergency as soon as practicable.

(f) All decisions regarding medical treatment and the need for emergency transportation are to be made by the qualified health care professionals, health-trained custody staff or supervisor.

(g) Whenever reasonably possible, the on-call health care service should be notified prior to transporting the inmate to the hospital or other emergency care. However, in the event of a life- or limb-threatening emergency, the inmate shall be sent to the hospital in the most expedient way possible, which may require notifying the specific health care service after the inmate has been transported.

704.5 FIRST-AID KITS

The Responsible Physician or the authorized designee is responsible for determining the contents, number, location and procedures for monthly inspections of all first-aid kits in the facility. The Responsible Physician shall also ensure that:

(a) The contents of each first-aid kit are:

1. Appropriate for its location and approved by the Responsible Physician.
2. Arranged for quick use.

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3. Documented on the outside cover.
4. Inventoried every quarter.

(b) Written protocols and training materials are developed for the use of medical supplies and equipment by health-trained custody staff.

(c) Inspections and testing of supplies and equipment are documented and maintained in accordance with established records retention schedules.

704.6 TRAINING

The Chief Corrections Deputy shall ensure that all qualified health care professionals are trained in the delivery of emergency medical services in the custody environment during new employee orientation.

The Chief Corrections Deputy or the authorized designee shall ensure that all facility staff members who have contact with inmates receive first-aid and basic life support training during new employee orientation, and that refresher training is conducted for the facility and qualified health care professionals. Training should include, but not be limited to:

(a) The location of all emergency medical equipment and medications, and the proper use of the equipment, such as automated external defibrillators (AED).

(b) How to properly summon internal and external emergency services.

(c) Recognition of basic life support signs and symptoms, and the actions required in emergency situations.

(d) Administration of basic first aid.

(e) Certification in CPR in accordance with the recommendations of the certifying health organization.

(f) Recognition of the signs and symptoms of mental illness, violent behavior and acute chemical intoxication and withdrawal.

(g) Procedures for inmate transfers to appropriate medical facilities or health care service.

(h) Suicide recognition, prevention and intervention techniques.

All records of the training provided, testing procedures and the results, and certificates achieved shall be maintained in each qualified health care professional's training file in accordance with established records retention schedules. The Responsible Physician should be bound by similar requirements in the contractual language between the Office and the vendor.

704.7 AUTOMATED EXTERNAL DEFIBRILLATORS

The Chief Corrections deputy or the authorized designee is responsible for ensuring that an AED is available in the facility and that all staff members are trained in its use. The AEDs shall be inspected and tested at a frequency consistent with the manufacturer's recommendations to ensure functionality.

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Health Authority

707.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures defining the authority, responsibilities, and oversight of the Health Authority for medical, mental health, psychiatric, and substance use disorder services within the Okanogan County Jail. At this time the proposed positions for Health Authority would be a Chief Clinical Officer and a Clinical Director. The Health Authority shall ensure that health care services are delivered in accordance with applicable law, professional standards, and correctional health care requirements, and shall support coordinated re-entry planning in alignment with Policy 716 – Re-Entry Coordination and Continuity of Care.

707.2 POLICY

The Sheriff shall designate a qualified Health Authority responsible for oversight of all jail health care services. The Health Authority shall have sufficient authority to establish clinical policies, protocols, and quality assurance processes necessary to ensure safe and effective care.

707.3 SELECTION PROCESS

The Sheriff or the authorized designee shall select a health authority using an existing office procurement or selection process. The individual or organization selected shall be designated as the health authority for inmate health care on behalf of the facility.

Aside from any monetary or term considerations, the contract between the Office and the selected individual or organization shall minimally include:

(a) Language establishing the scope of services being contracted and the type of health care service needed.

(b) Job descriptions, minimum qualifications, and performance expectations for contract personnel.

(c) Language requiring the contractor to develop appropriate measures and review processes for assessing the quality, effectiveness, and timeliness of the services provided, and periodically reporting those findings to the facility.

(d) Identification of a Responsible Physician, who shall serve as the medical authority on treatment matters requiring medical expertise and judgment.

(e) Language regarding the minimum frequency that the health authority shall be present at the facility.

(f) The roles and responsibilities of staff in ensuring that the contractor may adequately deliver services in a safe and secure environment.

(g) A written plan for coordinating medical care from multiple health care services.

1. The plan should include procedures for making inmate medical records available to a managed health care system as permitted by RCW 70.48.100.

(h) A written plan for the collection and maintenance of inmate health records that is compliant with the Health Insurance Portability and Accountability Act (HIPAA).

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(i) Identification of a dispute resolution process for the contracted parties and for inmates who may be questioning treatment plans.

(j) Language and a plan addressing issues of liability and indemnification for issues related to inmate health care.

The health authority shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operation of the health services program. If the health authority is other than a physician, any final clinical judgments shall rest with a single, designated, Responsible Physician.

The health authority or the authorized designee will meet at least monthly with custody representatives to discuss the health care program and any issues that require correction or adjustment.

Security regulations are applicable to facility staff and health care personnel.

707.4 RESPONSIBILITIES OF THE HEALTH AUTHORITY

The Health Authority shall be responsible for:
a. Oversight of medical, mental health, psychiatric, and substance use disorder services;
b. Approval of clinical policies, protocols, and procedures;
c. Credentialing and oversight of health care staff and contracted providers;
d. Quality improvement and clinical performance enhancement activities;
e. Coordination with custody leadership to ensure integration of health services and security operations.

707.5 RE-ENTRY COORDINATION OVERSIGHT

The Health Authority shall support implementation of the Re-Entry Coordination process outlined in Policy 716 by ensuring clinical policies and practices facilitate continuity of care, referral processes, and coordination with community and tribal providers. The Health Authority shall not assume custody authority or administrative functions outside clinical oversight.

707.6 AUTHORITY AND LIMITATIONS

The Health Authority shall exercise clinical authority independent of custody operations while coordinating as necessary to maintain institutional safety. Nothing in this policy shall supersede the authority of the Sheriff or custody staff over security and operational matters.

707.7 DOCUMENTATION AND REVIEW

Health Authority oversight activities shall be documented as required and reviewed periodically to ensure compliance with applicable standards and continuous quality improvement.

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Health Appraisals

708.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the process for conducting health assessment on all inmates following their arrival at this facility and for the continuity of care for inmates who remain in custody for extended periods. Further, it is to ensure the inmate's health care needs are met and that health care started at one facility continues as needed.

708.2 POLICY

It is the policy of this office that all inmates will be offered a comprehensive health appraisal within 14 days of incarceration unless there is documented evidence that the inmate has received a health appraisal within the previous 90 days.

708.3 INITIAL HEALTH APPRAISAL

(a) Qualified health care professionals shall have access to the daily inmate roster. From this, they can determine who needs a health appraisal and hands-on physical evaluation. The health appraisal should include:

1. A review of earlier medical screening information.
2. Recording of height and weight.
3. Recording of vital signs (blood pressure, pulse, respiration rate and temperature).
4. Ordering other tests or examinations as appropriate.
5. The collection of any additional data needed to complete medical, dental, psychiatric and immunization histories

The Responsible Physician shall review and authorize all health appraisals within 72 hours.

708.3.1 PRISON RAPE ELIMINATION ACT (PREA) SCREENING FOLLOW-UP

Inmates who have an identified history of sexual victimization shall be offered a follow-up meeting with a qualified health care professional or mental health provider within 14 days of intake screening (28 CFR 115.81).

708.3.2 OPIOID USE DISORDER

Individuals who are experiencing an opioid use disorder will be provided with opioid treatment medications pursuant to the procedures developed by the health authority and in compliance with the requirements of RCW 71.24.599.

Prior to the release of the inmate receiving opioid treatment medication, the health authority will connect the inmate to an appropriate provider or treatment site in the geographic region where the inmate will reside. If a connection is not possible, the health authority should document the efforts made in the inmate’s file (RCW 71.24.599).

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708.4 ANNUAL HEALTH EXAMINATIONS

The Responsible Physician will determine the criteria for periodic health examinations for inmates. Inmates should be offered a health examination within 14 days of the inmate's incarceration anniversary. The examination should include:

- A review of current vital signs and weight.
- An evaluation of any health-related issues arising since the last health evaluation.
- Initiation of treatment, as appropriate.
- Any updates to the inmate treatment plan.

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Healthy Lifestyle Promotion

709.1 PURPOSE AND SCOPE

The purpose of this policy is to affirm the Office’s commitment to promote healthy lifestyle choices by inmates by providing health education and inmate self-care learning opportunities that include classes, audio and video presentations and brochures and pamphlets.

709.2 POLICY

This office will encourage inmates to maintain a healthy lifestyle by providing health education and wellness information.

709.3 HEALTH CARE ENCOUNTERS

During health care encounters, the qualified health care professionals should instruct inmates at the time service is rendered on how to avoid preventable diseases, such as athlete's foot, flu and the common cold, tooth decay and sexually transmitted diseases. Such instruction should be documented in the health record. Documentation should include the topics discussed, the resource provided, if any, and that the inmate acknowledged an understanding of the information.

Informative brochures from various health organizations should also be available to inmates in the medical unit upon request.

Following are examples of appropriate topics for inmate education:

- Access to health care services
- Dangers of self-medication
- Personal hygiene and dental care
- Prevention of communicable diseases
- Education, smoking cessation
- Family planning
- Self-care for chronic conditions
- Self-examination for health concerns
- The benefits of physical fitness
- Chronic diseases and disabilities
- Counseling in preparation for release
- Domestic violence
- Medications
- Nutrition
- Sexually transmitted diseases

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- Substance abuse
- Tuberculosis

709.4 GENERAL HEALTH PROMOTION INFORMATION

Whenever possible, educational resources should be made available to inmates.

All items intended for distribution to the inmate population shall be approved by the Chief Corrections Deputy to avoid any conflict with rules regarding contraband in the facility.

All documentation regarding health education and inmate self-care should be retained in inmate medical files in accordance with established records retention schedules.

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Transfer Screening

710.1 PURPOSE AND SCOPE

This policy recognizes that inmates are frequently transferred within the correctional authority's system and to facilities outside the system. This policy establishes a process for medical screening of transferred inmates to ensure continuation of care and to avoid unnecessary diagnostics.

710.2 POLICY

It is the policy of this office that inmates who are transferred to another jail, correctional system or health care facility will be screened prior to transfer. Medical needs of the inmate will be clearly communicated to the receiving facility, including the ongoing treatment plan, scheduled surgeries and outside appointments.

Inmates who are transferred to other facilities shall be sent with a discharge summary that includes information about the inmate's medical and mental health condition, the current treatment plan and any medications, if needed.

710.3 TRANSFERS

Any inmate being transferred to another correctional or health care facility should be medically screened prior to transfer as described below.

The medical screening should include:

(a) A determination of whether the inmate is being treated for a medical, mental health or dental problem.

(b) A determination of whether the inmate has any apparent, current medical, mental health or dental needs or complaints (RCW 70.48.245).

(c) What medication, if any, the inmate is presently prescribed.

(d) Whether the inmate has any evidence of abuse or trauma.

(e) Whether the inmate has any physical deformities or special daily living assistance needs.

(f) The inmate's classification and clearance status (i.e., general population, segregation).

(g) Whether the inmate has any pending follow-up appointments or requirements.

Completed discharge summaries, including the medical screening results, shall accompany inmates being transferred to another office's jurisdiction to ensure that the receiving health care service can assume and continue necessary care. A release of information authorization is not required.

If the receiving facility requests a copy of the medical record, it will be supplied within five working days.

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The discharge summary and any related medical records being transferred shall be placed in a file or envelope that maintains the confidentiality of the inmate’s medical information. The transporting personnel shall be provided separate written instructions regarding medication or health interventions, including necessary precautions that are required en route. The transporting personnel shall also document on the transfer log the date, time and name of the person receiving the inmate and the medical records.

710.3.1 EXTENDED TRANSPORTATION OF INMATES

When an inmate will be in transfer status for several days and housed temporarily at various custody facilities along the way, a medical transfer packet shall be prepared by the qualified health care professional in a form that will advise the temporary housing facilities of any medical needs of the inmate. When medically appropriate, a small supply of medication should be provided with the medical transfer packet so it will be available to the temporary housing facility as needed.

710.4 RECEIVING TRANSFERRED INMATES

Where an inmate being transferred to this facility arrives without a full and comprehensive medical transfer packet from another facility, the inmate shall be medically screened. The medical department of the sending facility should be promptly contacted to determine if the transferred inmate has any medical needs that require immediate attention or any scheduled surgeries or appointments with community health care services. Arrangements should then be made with the sending facility for the delivery of a more detailed review of the inmate's medical needs.

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Medical Screening

711.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures for medical screening of individuals admitted to the Okanogan County Jail. Medical screening shall be conducted to identify acute and chronic medical conditions, mental health and substance use disorder needs, suicide risk, and other health concerns requiring timely intervention, continuity of care, and coordinated re-entry planning in alignment with Policy 716 – Re-Entry Coordination and Continuity of Care.

711.2 POLICY

The corrections facility will ensure that all inmates receive a timely medical screening upon intake and at other clinically indicated times. Screening shall be conducted by qualified medical personnel using approved screening tools and protocols and shall support appropriate triage, referral, and treatment planning. The Re-entry initiative aims to provide for a physical medical screening of every inmate that is eligible for benefits through the MCO's.

711.3 ELEMENTS OF MEDICAL SCREENING

Medical screening shall be completed as soon as practicable following intake. Screening shall include assessment of current medical conditions, medication needs, mental health concerns, substance use history, withdrawal risk, suicide risk, and other health indicators relevant to immediate safety and care planning.

Results of medical screening shall be used to determine clinical priority and appropriate referral to medical, mental health, psychiatric, or substance use disorder services. Emergent or urgent conditions shall receive immediate attention. Non-emergent conditions shall be scheduled for follow-up consistent with clinical need.

711.3.1 MEDICAL SCREENING INQUIRY

The medical screening inquiry should include a review of the inmate's prior jail medical record, if any, and document the following:

- History of any infectious or communicable diseases that are considered serious in nature; current symptoms, treatment, or medications; chronic illness or health issues, including communicable diseases and any special health requirements and/or dietary needs
- Acute dental problems
- Past and recent serious communicable disease symptoms (e.g., chronic cough, coughing up bloody sputum, lethargy, weakness, weight loss, loss of appetite, fever, night sweats)
- Mental illness, including psychiatric hospitalizations within the last three months
- Gender issues
- History of or current suicidal ideation

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- Acute allergies
- History of or current prescription or illegal drug use, including the time of last use
- History or current symptoms of substance abuse withdrawal
- Current, recent, or suspected pregnancy; any history of gynecological problems; and present use and method of birth control
- Appearance or history of developmental disability, body deformities, or other physical abnormalities
- Other health issues as identified by the Responsible Physician

Qualified health care professionals should assist in developing specific mental health medical screening questions and should provide training in analyzing inmate responses. The Responsible Physician should establish the role of the qualified health care professional in the medical screening process.

Should the medical screening identify a need for a more comprehensive medical assessment of the inmate, a qualified health care professional should initiate appropriate follow-up action, which may include transporting the inmate to an off-site medical facility.

711.3.2 CONTINUITY OF CARE AND RE-ENTRY COORDINATION

When medical screening identifies ongoing medical, mental health, psychiatric, or substance use disorder needs, and the inmate has not already been entered into Re-Entry Benfits, staff shall initiate referral to the Re-Entry Coordination process outlined in Policy 716. Re-entry coordination shall support continuity of care, including medication verification, treatment planning, and linkage to community or tribal providers when feasible.

Medical screening and triage shall not be delayed or modified for the purpose of re-entry coordination.

711.3.3 AUTHORITY AND DOCUMENTATION

All medical screening activities shall be documented in the inmate's health record. Clinical decisions shall remain the responsibility of licensed medical providers. Nothing in this policy shall supersede custody authority, security operations, or clinical judgment.

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Mental Health Services

712.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure that all inmates have access to mental health services and that inmates identified as needing these services are referred appropriately.

712.1.1 DEFINITION

Definitions related to this policy include:

Mental health services - A variety of psycho-social and pharmacological therapies, either individual or group, including biological, psychological and social therapies to alleviate symptoms, attain appropriate functioning and prevent relapse.

712.2 POLICY

It is the policy of this office that a range of mental health services shall be available for any inmate who requires them.

712.3 MENTAL HEALTH SERVICES

The Chief Corrections Deputy should collaborate with the local public and private organizations that offer mental health services, treatment and care to those inmates in need of such services.

Such services may include:

- Assistance with mental health screening, diagnosis and care, including intake screening.
- Referral to services for the detection, diagnosis and treatment of mental illness and follow-up care after release from custody.
- Crisis intervention and the management of psychiatric episodes.
- Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting.
- Psychotropic medication management and psychotherapy.
- Suicide prevention.
- Segregation rounds by qualified health care professionals.
- Treatment of severe adjustment disorders.
- Referral, transportation and admission to licensed mental health facilities for inmates whose psychiatric needs exceed the treatment or housing capability of the facility.
- Obtaining and documenting informed consent.
- Release planning services.

712.4 BASIC MENTAL HEALTH SERVICES

Inmates may be referred to qualified health care professionals through a variety of methods, which include the medical screening process, the mental health appraisal process and self-referral or

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staff referral. Qualified health care professionals should respond to all referrals in a timely manner and initiate the appropriate treatment services.

(a) If the inmate has received previous mental health treatment, the inmate should be asked to complete a release of information form so his/her treatment records can be obtained.

(b) Inmates who have been determined to be in need of ongoing mental health services after their release from this facility should be provided with information about community mental health treatment resources. Arrangements for more comprehensive mental health care may be made, if appropriate.

(c) Inmates who are identified as being developmentally disabled should be evaluated for special housing needs. The qualified health care professional should work in cooperation with classification personnel to establish the best reasonably available housing option.

(d) Inmates who are suspected or known to be developmentally disabled should receive a mental health appraisal by the qualified health care professional or health-trained corrections deputy as soon as reasonably practicable but no later than 24 hours after booking. Inmates who are developmentally disabled should be referred, where appropriate and available, for placement in non-correctional facilities or in units specifically designated for housing the developmentally disabled.

(e) Inmates enrolled in mental health treatment, including psychiatric medication management, should be provided information regarding the risks and benefits to treatment. Informed consent documents should be signed by the inmate to establish his/her consent to treatment. The signed forms should be placed in the inmate’s health record and retained in accordance with established records retention schedules.

(f) A treatment plan should be established for all inmates enrolled in mental health services.

1. Psychiatric and special needs treatment plans shall be reviewed every 180 days, at a minimum. Inmates taking psychotropic medication should be seen by a psychiatrist at least every 90 days. Inmates classified as requiring mental health special needs should be seen at least monthly by a qualified health care professional.

2. Inmates enrolled in other ongoing forms of mental health treatment should have treatment plan updates completed every six months, at a minimum.

3. Inmates who present to the qualified health care professional as having notable difficulty adjusting to the correctional environment, but who are not diagnosed with a serious mental illness, should be evaluated for the appropriateness of mental health treatment. Consideration should be given to the qualified health

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care professional and the facility staff working together to address the issues that may be affecting the inmate's ability to adjust to incarceration.

(g) The qualified health care professional should utilize a site-specific suicide prevention program to ensure the safety of inmates who present with a risk of self-harm.

1. Qualified health care professionals should be assigned to daily rounds in the segregation unit to determine the mental health status of inmates housed there.
2. Segregated inmates may be referred by the jail staff to qualified health care professionals for follow-up if concerns arise regarding their ability to function in disciplinary detention.

(h) If the qualified health care professional has concerns about the level of mental health services that are required to manage an inmate housed in the facility, the health authority shall be notified and the Responsible Physician shall be the decision-maker regarding the health care needs of the inmate.

1. The Responsible Physician may consult with a psychiatrist, specialist or other health care service in determining whether the inmate should be transferred to a facility that is better equipped to handle the inmate's psychiatric needs.
2. The Responsible Physician should notify the Chief Corrections Deputy of the request to transfer the inmate for medical treatment.
3. The case review and disposition of the patient should be documented in the inmate's health record and retained in accordance with established records retention schedules.

Inmates determined to be in need of substance abuse treatment services should be informed of the facility programs available and shall be provided information about community substance abuse treatment resources.

712.5 COMPETENCY EVALUATIONS AND RESTORATION SERVICES

The Chief Corrections Deputy shall ensure competency evaluators have reasonable, timely, and appropriate access to inmates for the purpose of performing their evaluations (RCW 10.77.625).

If an offer of admission for competency evaluation or restoration services is received for an inmate, the Chief Corrections Deputy shall ensure the inmate is transported to a facility designated by the Washington Department of Social and Health Services within one day of receipt (RCW 10.77.625).

712.6 FORENSIC NAVIGATOR FOR COMPETENCY EVALUATIONS

When a court-appointed forensic navigator requests access to an inmate referred for a competency evaluation, the Chief Corrections Deputy shall provide access within 24 hours of the request. The Chief Corrections Deputy shall also provide relevant information relating to the inmate within 72 hours of a request for records (RCW 10.77.615; WAC 388-875-0200; WAC 388-875-0210).

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712.7 CLINICAL INTERVENTION SPECIALISTS

The Chief Corrections Deputy or the authorized designee shall allow clinical intervention specialists access to inmates, and those inmates' health and conduct records, who have been referred for competency evaluation or restoration services by the Department of Social and Health Services (RCW 10.77.680).

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Mental Health Screening and Evaluation

713.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures for mental health screening and evaluation of individuals incarcerated in the Okanogan County Jail. Screening and evaluation shall be conducted to identify mental health needs, suicide risk, and treatment requirements, and to support appropriate clinical intervention, continuity of care, and re-entry planning. This policy shall be implemented in alignment with Policies 712 and 716.

713.2 POLICY

It is the policy of this office that all individuals booked into the facility shall receive an initial mental health screening by a qualified mental health professional, qualified mental health stafff. Screening and evaluation shall be conducted by qualified personnel using validated tools and clinical judgment, consistent with safety and security requirements.

713.3 MENTAL HEALTH SCREENING

Mental health screening shall be conducted within 24 hrs of booking and at other clinically indicated times. Screening may identify indicators of mental illness, emotional distress, cognitive impairment, substance use concerns, or suicide risk requiring further evaluation. Screening instruments may include, but are not limited to, standardized mental health and suicide risk screening tools approved.

713.4 MENTAL HEALTH EVALUATION

All new inmates shall receive a mental health appraisal by a qualified mental health professional within 14 days, unless documentation exists that an appraisal has been completed within the previous 90 days. Mental health appraisals should include, but not necessarily be limited to the following assessments:

- Mental health status
- Suicide potential
- Violence potential
- Previous psychiatric treatment
- Any history of treatment with psychotropic medication or antidepressants
- Substance abuse or treatment for substance abuse
- Educational history
- Sexual abuse victimization (28 CFR 115.81)
- Predatory behavior or perpetrated sexual abuse (28 CFR 115.81)

Following the appraisal, the qualified mental health professional shall develop a treatment plan for the inmate and make recommendations regarding the inmate's housing, job assignment and program participation.

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713.5 RE-ENTRY COORDINATION

When mental health screening or evaluation identifies ongoing mental health needs likely to extend beyond incarceration, staff shall initiate referral to the Re-Entry Coordination process outlined in Policy 716. Re-entry coordination shall support continuity of care, including linkage to community mental health services and post-release follow-up when appropriate.

Screening and evaluation activities shall not delay or replace clinically necessary intervention during incarceration.

713.6 CLINICAL AUTHORITY AND DOCUMENTATION

All mental health screening and evaluation activities shall be documented in accordance with applicable law and professional standards. Clinical decisions shall remain the responsibility of licensed mental health professionals. Nothing in this policy shall supersede custody authority, security operations, or clinical judgment.

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Special Needs Medical Treatment

714.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures for the identification and provision of special needs medical treatment for individuals incarcerated in the Okanogan County Jail. Special needs medical treatment shall address chronic illness, disability, pregnancy, infectious disease precautions, mobility limitations, and other individualized medical needs, and shall support continuity of care and coordinated re-entry planning in alignment with Policy 716 – Re-Entry Coordination and Continuity of Care.

714.2 POLICY

The corrections facility medical team shall identify inmates with special medical needs and after hospital clearance if deemed necessary, shall provide medically appropriate accommodations, treatment, and monitoring consistent with accepted standards of care, legal requirements, facility capabilities and institutional safety considerations.

714.3 CLINICAL PRACTICE GUIDELINES

All inmates will be screened for special medical needs at intake within 24 hrs of being booked into the facility. Special medical needs may also be identified during medical assessment, ongoing clinical care, or through staff observation. Identified needs shall be communicated to appropriate medical and custody personnel to ensure coordinated care and accommodation.

The clinical protocols for the management of chronic disease and special needs include, but are not limited to:

- Asthma
- Communicable diseases
- Developmentally disabled inmates
- Diabetes
- Dialysis
- Frail or elderly inmates
- High blood cholesterol
- HIV
- Hypertension
- Mental illness
- Mobility impairments
- Pregnancy
- Seizure disorder

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- Suicidal ideation
- Terminally ill
- Tuberculosis

Inmates with special medical needs shall receive individualized treatment plans, reasonable accommodations, and necessary medical interventions as determined by licensed medical providers. Housing, activity, and work assignments shall be adjusted when medically indicated and operationally feasible.

714.4 CONTINUITY OF CARE AND RE-ENTRY COORDINATION

When an inmate with special medical needs is identified as having ongoing care requirements beyond incarceration, if the inmate is not already registered with benefits through the re-entry initiative, staff shall initiate referral to the Re-Entry Coordination process outlined in Policy 716. Re-entry coordination shall support continuity of care, including durable medical equipment planning, medication continuity, follow-up appointments, and linkage to community or tribal health care providers when feasible.

Provision of special needs medical treatment shall not be delayed or denied for the purpose of re-entry coordination.

714.5 AUTHORITY AND DOCUMENTATION

All special needs medical treatment and accommodations shall be documented in the inmate's health record. Clinical decisions shall remain the responsibility of licensed medical providers. Nothing in this policy shall supersede custody authority, security operations, or clinical judgment.

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Communicable Diseases

715.1 PURPOSE AND SCOPE

This policy is intended to provide guidelines for facility staff to assist in minimizing the risk of contracting and/or spreading communicable diseases. The policy offers direction in achieving the following goals:

(a) Managing the risks associated with bloodborne pathogens (BBP), aerosol transmissible diseases (ATD) and other potentially infectious substances.

(b) Providing appropriate treatment for ill inmates while minimizing the risk of the spread of disease.

(c) Making decisions concerning the selection, use, maintenance, limitations, storage and disposal of personal protective equipment (PPE).

(d) Ensuring proper reporting to local, state and federal agencies.

(e) Establishing procedures for the identification, education, immunization, prevention, surveillance, diagnosis, medical isolation (when indicated), treatment and follow-up care for new inmates, and for inmates or employees who have contracted a communicable disease from an ill inmate.

(f) Providing appropriate treatment, counseling and confidentiality should an employee become exposed to a communicable disease.

(g) Protecting the privacy rights of all personnel who may be exposed to or contract a communicable disease during the course of their duties.

715.1.1 DEFINITIONS

Definitions related to this policy include:

Aerosol transmissible disease (ATD) - A disease or pathogen for which droplet (whooping cough, influenza, streptococcus) or airborne (measles, chickenpox, tuberculosis) precautions are required.

Aerosol transmissible disease (ATD) exposure - Any event in which all of the following have occurred:

- An employee has been exposed to an individual who has or is suspected to have an ATD, or the employee is working in an area or with equipment that is reasonably expected to contain aerosol transmissible pathogens associated with an ATD.
- The exposure occurred without the benefit of applicable exposure controls required by this section.
- It reasonably appears from the circumstances of the exposure that transmission of disease is likely sufficient to require medical evaluation.

Bloodborne pathogens (BBP) - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

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Bloodborne pathogen exposure - Includes but is not limited to the contact of blood or other potentially infectious materials with the eyes, mouth, other mucous membranes, non-intact skin, needle sticks, human bites, cuts, abrasions, or any contact with blood or bodily fluids that is synonymous with BBP exposure as defined by the federal Centers for Disease Control and Prevention (CDC).

Ectoparasitic infections - Parasites that live on the skin, such as lice (pediculosis) and scabies (sarcoptic mange). Both infections are communicable and may lead to secondary infections.

HBV - Hepatitis B

HIV - Human immunodeficiency virus

Medical isolation - Housing in a separate room with a separate toilet, hand-washing facility, soap, and single-service towels, and with appropriate accommodations for showering.

NIOSH - National Institute for Occupational Safety and Health

Nosocomial - Acquired during hospitalization. Nosocomial infections are infections that present 48 to 72 hours after admission to a hospital.

OSHA - Occupational Safety and Health Administration

Personal protective equipment (PPE) - Respiratory equipment, garments, gloves, and other barrier materials designed to reduce employee exposure to hazards.

Source control measures - The use of procedures, engineering controls, and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD.

Standard precautions - Infection control practices used to prevent the transmission of disease that can be acquired by contact with blood, bodily fluids, non-intact skin (including rashes), and mucous membranes. Applies to all inmates receiving care, regardless of diagnosis or presumed infection status.

Universal precautions - A set of precautions designed to prevent transmission of HIV, HBV, and other BBP when providing first aid or health care.

715.2 POLICY

It is the policy of this office to maintain an effective program that focuses on the identification, education, immunization, prevention, surveillance, diagnosis, medical isolation (when indicated), treatment, follow-up and proper reporting to local, state and federal agencies of communicable diseases. The program is designed to ensure that a safe and healthy environment is created and maintained for all occupants of the facility.

715.2.1 EXPOSURE CONTROL OFFICER

The Chief Corrections Deputy shall designate an Exposure Control Officer (ECO) who shall be responsible for:

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(a) Establishing written procedures and a training program related to BBPs.

(b) Establishing written procedures and a training program related to ATDs.

(c) Establishing written procedures to comply with reporting requirements in the Washington Industrial Safety and Health Act (RCW 49.17.010 et seq.; WAC 296-800-110 et seq.).

(d) Working with the Chief Corrections Deputy to develop and administer any additional related policies and practices necessary to support the effective implementation of an Exposure Control Plan.

(e) Acting as a liaison during OSHA inspections and conducting program audits to maintain a current Exposure Control Plan.

(f) Maintaining a current list of facility staff requiring training, developing, and implementing a training program, maintaining class rosters and quizzes, and periodically reviewing the training program.

(g) Reviewing and updating the Exposure Control Plan annually, on or before January 1 of each year.

Supervisors are responsible for exposure control in their respective areas. They shall work directly with the ECO and the affected employees to ensure that the proper procedures are followed.

715.2.2 PROCEDURES

The ECO shall be responsible for establishing, implementing and maintaining effective written procedures for the following:

(a) Incorporating the recommendations contained in the CDC's "Respiratory Hygiene/ Cough Etiquette in Healthcare Settings."

(b) Screening and referring cases and suspected cases of ATD to appropriate facilities within five hours of identification.

(c) Creating a multidisciplinary team, including the Responsible Physician, and security and administrative representatives, who will meet at least quarterly to review and discuss communicable disease issues and activities. The ECO shall retain minutes of these meetings in accordance with established records retention schedules. The ECO also shall coordinate with the local public health entity on appropriate policy and procedure.

(d) Conducting an assessment on the incidence and prevalence of tuberculosis (TB) within the facility's population and the surrounding community. If the statistics indicate a risk, the ECO shall develop a written plan that addresses the management of TB, from testing to follow-up care.

(e) Communicating with employees, other employers and the local health office regarding the suspected or diagnosed infectious disease status of referred inmates, including notification of exposed employees.

(f) Reducing the risk of ATDs through the Exposure Control Plan and reviewing the plan at least annually.

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(g) Reducing the risk of exposure to BBPs (HIV, hepatitis).

(h) Providing a system of medical services for employees who may become exposed to communicable diseases during the course of their employment.

(i) Ensuring that all employees who have occupational exposure to communicable diseases participate in a training program at the time of their initial assignment, at least annually thereafter, and any time there is a change in working conditions.

(j) Making all exposure and treatment plans available for employees, employee representatives and NIOSH review.

715.3 COMMUNICABLE DISEASE PROGRAM COMPONENTS

715.3.1 SURVEILLANCE

Surveillance takes place throughout the period of the inmate's incarceration and is done in a variety of encounters and inspections. These should include, but are not limited to, the following:

(a) **Medical screening** - Each newly booked inmate should be evaluated for health care needs and signs and symptoms of infectious disease. The receiving screening includes questions regarding known symptoms of TB, HIV, sexually transmitted diseases (STDs) and HBV. The individual completing the medical screening should observe the inmate for obvious signs of infection.

(b) **Health assessment** - Inmates should be offered a health assessment within the first 14 days of incarceration. The health assessment process includes screening for symptoms of communicable disease.

(c) **Sick call and referrals** - At any time during incarceration an inmate may request to be evaluated for an infectious disease through the sick call process. Health and correctional staff can request that an inmate be evaluated if they notice any signs of potentially infectious disease.

(d) **Contact investigation** - When an inmate housed in the general population develops symptoms of an infectious disease, the Responsible Physician should work cooperatively with the Chief Corrections Deputy or the authorized designee and the public health department to provide appropriate screening and testing of potentially exposed persons.

(e) **Environmental health and safety inspections** - The health and safety of the facility environment should be inspected by the local public health entity and reported to the Chief Corrections Deputy at least yearly in a written report. Conditions identified as adversely affecting the health and safety of the inmates and/or employees or visitors should be promptly addressed and corrected.

715.3.2 IDENTIFICATION

Any inmate suspected of having a communicable disease will be evaluated by a qualified health care professional as soon as reasonably practicable. Inmates suspected of having communicable diseases will be appropriately isolated until disease confirmation and the period of communicability is determined. Long-term housing consideration will be based on the classification status as well as the behavior, medical needs and safety of inmates and staff. These inmates should be examined

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by a qualified health care professional within 24 hours. The instructions of the qualified health care professional regarding care of the patient and sanitizing of eating utensils, clothing and bedding shall be carefully followed.

715.3.3 TREATMENT

Qualified health care professionals shall provide care as directed by the Responsible Physician.

(a) The Responsible Physician and the Chief Corrections Deputy should collaborate on treatment planning with the public health department, as appropriate.

(b) Complete documentation of the signs, symptoms, diagnostic results, treatment and outcome of care provided to inmates who are suspected or confirmed as having a communicable disease should be entered into the inmate’s health record.

715.3.4 COMMUNICATION

The Responsible Physician should ensure the following notifications are made whenever a communicable disease is identified:

(a) Notification to the public health authority of all reportable diseases and conditions should be made as soon as practicable. This is done by completing appropriate forms, and if necessary, contacting the public health department directly for situations of multiple spread occurrences.

(b) The Responsible Physician and the Chief Corrections Deputy should be kept informed of any incidence of communicable disease.

(c) The Chief Corrections Deputy should be apprised of any medical situation that raises the risk of disease level for inmates, correctional officers or any other staff members.

715.3.5 CONTINUOUS QUALITY IMPROVEMENT

A continuous quality improvement committee shall be formed consisting of the Responsible Physician, the Chief Corrections Deputy or the authorized designee and a representative from the local public health entity. The purpose of the committee is to monitor infection control issues and evaluate infection control processes to ensure effectiveness.

Monthly statistics should be collected by health care services and assembled into a report presented by the Responsible Physician or the authorized designee, detailing surveillance activities, disease identification and cases treated. The committee should meet quarterly and should discuss topics specific to infection control and communicable disease. Minutes of the meetings should be retained in accordance with established records retention schedules.

715.3.6 EMPLOYEE TRAINING

The Corrections Chief deputy or the authorized designee shall provide education to all correctional staff who have contact with infected inmates during the initial employee orientation and annually thereafter. The Corrections Chief shall schedule this training and shall retain all associated records in accordance with established records retention schedules.

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715.3.7 DATA COLLECTION AND REPORTING

The health authority should be responsible for ensuring the systematic collection and analysis of data to assist in the identification of problems, epidemics or clusters of nosocomial infections. All reportable illnesses as defined by the public health department should be reported as required.

715.3.8 STANDARD PRECAUTIONS

Standard precautions should be used by health care professionals to minimize the risk of exposure to blood and bodily fluids of infected patients. The Responsible Physician shall be responsible for establishing basic guidelines including, but not limited to:

- Washing hands or using hand sanitizer before and after all patient or specimen contact.
- Handling all blood and bodily fluids such as saliva, urine, semen and vaginal secretions as if they are known to be infectious. Where it is not possible to distinguish between fluid types, all bodily fluids are to be assumed infectious.
- Wearing gloves for potential contact with blood and other bodily fluids.
- Placing used syringes immediately in a nearby, impermeable container. Do not recap or manipulate any needle in any way.
- Wearing protective eyewear and a mask if splatter with blood or other bodily fluids is possible.
- Handling all linen soiled with blood and/or bodily secretions as infectious.
- Processing all laboratory specimens as infectious.
- As appropriate, wearing a mask for TB and other ATDs.

715.3.9 TRANSMISSION-BASED PRECAUTIONS

Transmission-based precautions may be needed in addition to universal precautions for selected patients who are known or suspected to harbor certain infections. These precautions are divided into three categories that reflect the differences in the way infections are transmitted. Some diseases may require more than one category (RCW 70.48.480).

(a) Airborne precautions are designed to prevent the spread of ATDs, which are transmitted by minute particles called droplet nuclei or contaminated dust particles. These particles, because of their size, can remain suspended in the air for long periods of time, even after the infected person has left the room. Some examples of diseases requiring airborne precautions are TB, measles and chicken pox.

1. An inmate requiring airborne precautions should be transferred to a facility with a designated respiratory isolation room with special ventilation requirements. In the interim, the door to this inmate's room must be closed at all possible times. When an inmate must move from the isolation room, the inmate should wear a mask during transport. Anyone entering the isolation room to provide care to the inmate must wear a respirator.

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(b) Droplet precautions are designed to prevent the spread of organisms that travel on particles much larger than the droplet nuclei. These particles do not spend much time suspended in the air, and usually do not travel beyond a few feet of the inmate. These particles are produced when an inmate coughs, talks or sneezes. Examples of disease requiring droplet precautions are meningococcal meningitis, influenza, mumps and German measles (rubella).

1. All staff should wear masks within 3 feet of the inmate. Inmate movement should be restricted to the minimum necessary for effective facility operations. The inmate should wear a mask during transport.

(c) Contact precautions are designed to prevent the spread of organisms from an infected inmate through direct (touching the inmate) or indirect (touching surfaces or objects the inmate touched) contact. Examples of inmates who might be placed in contact precautions are those infected with the following:

1. Antibiotic-resistant bacteria
2. Hepatitis A
3. Scabies
4. Impetigo
5. Lice

The following guide shall be used to determine the appropriate precautions that are necessary to reduce the risk of infection transmission while inmates are being transported. Inmates shall receive training on the disease transmission process and will be provided with appropriate barrier devices.

Precautions for inmate contact and transportation

	GLOVES	**SURGICAL MASKS**	**N95 MASKS**	**ISOLATION GOWNS**
Contact				
Inmate	No	No	No	No
Personnel	Yes	No	No	Yes
Droplet				
Inmate	No	Yes	No	No
Personnel	No	Yes	No	Yes
Airborne				
Inmate	No	Yes	No	No
Personnel	No	No	Yes	No

715.3.10 ENVIRONMENTAL HEALTH AND SAFETY

The Corrections Chief deputy or the authorized designee shall conduct a monthly inspection of areas where health services are provided to verify the following:

- The equipment is inspected and maintained to the manufacturer's recommendations.

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- The area is clean and sanitary.
- The appropriate measures are being taken to ensure the unit is occupationally and environmentally safe.

715.3.11 REGULATED WASTE

The Chief Corrections Deputy or the authorized designee, in coordination with the Responsible Physician, will provide for the management of biohazardous materials and waste and the establishment of a protocol for the decontamination of equipment used in medical and dental treatment. Medical and dental equipment decontamination shall comply with all applicable local, state and federal regulations. Precautions may include, but are not limited to:

(a) Discarding biohazardous waste in red plastic bags marked with the word BIOHAZARD and displaying the international symbol for biohazardous material. Contaminated disposable PPE shall be discarded in these receptacles.

(b) Whenever a large amount of fluid blood is present, an absorbent powder should be used to gelatinize the fluid, which should assist in clean up. Standard precautions shall be used when removing the product that should then be placed in a red biohazard bag.

(c) Used biohazard bags shall be stored in covered, rigid waste receptacles in designated locations pending weekly removal by a biohazard waste removal contractor.

(d) Records documenting biohazardous waste removal, spore count logs and cleaning logs shall be retained in accordance with established records retention schedules.

715.4 ECTOPARASITE CONTROL

Ectoparasite control will be initiated, where clinically indicated, immediately following the medical screening or when the inmate manifests signs and symptoms of lice or scabies.

(a) Any inmate who indicates parasitical infection upon entering the facility shall be treated by a qualified health care professional.

(b) Any inmate suspected of having lice/scabies may be referred to sick call by a corrections deputy.

(c) An inmate may access sick call if he/she believes there is a problem with lice/scabies.

(d) A qualified health care professional shall evaluate any inmate with a lice/scabies complaint. If there are positive findings, the inmate shall be treated for the infestation accordingly.

1. The lice and scabies treatment guidelines will be followed by the qualified health care professional if a physician’s order for administering medication is obtained.

    (a) The prescribing physician shall be notified if the inmate is pregnant, as certain medications are contraindicated for pregnant women. An alternative topical application must be prescribed in these situations.

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(b) Documentation in the medical record should include the patient's symptoms, observations regarding the condition, patient education and prescribed treatment.

2. The inmate's clothing and linen shall be removed from his/her cell, placed in a plastic bag and sent to the laundry. These items are considered contaminated and must be disinfected by:

   (a) Machine washing (hot cycle), machine drying (hot cycle), dry cleaning or ironing, or

   (b) Storage in a plastic bag for non-washable items for 10-14 days (head lice), seven days (pubic lice). This method is not recommended for body lice.

   (c) Isolation is not necessary as long as clothing and bedding are properly disinfected and inmates do not share items.

      1. An inmate having poor hygiene should be housed in a single cell until 24 hours after beginning treatment.

      2. Gloves are to be used for direct contact until the inmate has been treated and the clothing/bedding have been removed for disinfecting.

3. Cellmates, sexual partners and any personnel having direct hands-on contact with an infected inmate should be evaluated for prophylactic treatment because of the long incubation period of the scabies parasite.

715.5 EMPLOYEE EXPOSURE CONTROL

All facility staff that may come in contact with another person's blood or bodily fluids shall follow these procedures and guidelines. For the purposes of this policy, contact with blood or bodily fluids is synonymous with BBP exposure.

All employees shall use the appropriate barrier precautions to prevent skin and mucous membrane exposure whenever contact with blood or bodily fluid is anticipated. Disposable gloves shall be worn, if reasonably possible, before making physical contact with any inmate and when handling the personal belongings of an inmate.

Should gloves come in contact with blood or other bodily fluids, the gloves shall be disposed of as contaminated waste. Care should be taken to avoid touching other items (e.g., pens, books or other personal items) while wearing disposable gloves in a potentially contaminated environment. All procedures involving blood or other potentially infectious materials shall be done in a way to minimize splashing, spraying or otherwise generating droplets of those materials.

Eating, drinking, smoking, applying lip balm and handling contact lenses shall be prohibited in areas where the potential for exposure exists.

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715.5.1 PERSONAL PROTECTIVE EQUIPMENT (PPE)

The PPE is the last line of defense against communicable disease. Therefore, the following equipment is provided to all personnel to assist in the protection against such exposures:

- Disposable latex gloves
- Safety glasses or goggles
- Rescue mask with a one-way valve
- Alcohol (or similar substance) to flush skin

The PPE should be inspected at the start of each shift and replaced immediately after each use and when it becomes damaged.

715.5.2 DECONTAMINATION OF PERSONAL PROTECTIVE EQUIPMENT

After using any reusable PPE, it shall be washed or disinfected and stored appropriately. If it is not reusable (e.g., disposable gloves), it shall be discarded in a biohazard waste container.

Any PPE that becomes punctured, torn or loses its integrity shall be removed as soon as reasonably feasible. The employee shall wash up and replace the PPE if the job has not been terminated. If the situation resulted in a contaminated non-intact skin event, the affected area shall be decontaminated as described below.

A contaminated reusable PPE that must be transported prior to cleaning shall be placed into a biohazard waste bag. Gloves shall be worn while handling the biohazard waste bag and during placement into the biohazard waste container. The gloves shall be included with the waste.

715.5.3 DECONTAMINATION OF SKIN AND MUCOUS MEMBRANES

Personnel shall wash their hands as soon as possible following the removal of potentially contaminated gloves. Antibacterial soap and warm water or an approved disinfectant shall be used, paying particular attention to the fingernails.

If an employee’s intact skin contacts someone else’s blood or bodily fluids or other potentially infectious materials, the employee shall immediately wash the exposed part of his/her body with soap and warm water and/or an approved disinfectant as soon as possible. If the skin becomes grossly contaminated, body washing shall be followed by an approved hospital strength disinfectant. If large areas of the employee’s skin are contaminated, the employee shall shower as soon as reasonably possible, using warm water and soap and/or an approved disinfectant. Medical treatment should be obtained.

Contaminated non-intact skin (e.g., injured skin, open wound) shall be cleaned using an approved disinfectant and then dressed or bandaged as required. Medical treatment is required. All hand, skin and mucous-membrane washing that takes place shall be done in the designated cleaning or decontamination area. Cleaning shall not be done in the kitchen, bathrooms or other locations not designated as a cleaning or decontamination area.

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715.5.4 DECONTAMINATION OF CLOTHING

Contaminated clothing such as uniforms and undergarments shall be removed as soon as reasonably feasible and rinsed in cold water to prevent the setting of bloodstains. If the clothing may be washed in soap and hot water, do so as soon as reasonably possible.

If the clothing must be dry-cleaned, place it into a biohazard waste bag and give it to the ECO. The ECO will secure a dry cleaner that is capable of cleaning contaminated clothing, and shall inform the dry cleaner of the potential contamination. The cost of dry cleaning shall be paid according to labor contract agreements.

Contaminated leather boots shall be brushed and scrubbed with detergent and hot water. If the contaminant soaked through the boot, the boot shall be discarded and replaced. The cost of replacement shall be paid according to labor contract agreements.

715.5.5 DECONTAMINATION OF VEHICLES

Contaminated vehicles and components such as the seats, radios and doors, shall be washed with soap and warm water and disinfected with an approved germicide as soon as reasonably feasible.

715.5.6 DECONTAMINATION OF THE CLEANING AREA

The ECO shall designate a location in the facility that will serve as the area for cleaning/ decontamination. This area is to be used to keep equipment clean and sanitary and for employees to wash any potential contamination from their bodies. This area is to be thoroughly cleaned after each use and to be maintained in a clean and sanitary order at all times between each use. The application of cosmetics, smoking of cigarettes and consumption of food and drink are prohibited in this area at all times.

715.6 SHARPS AND ITEMS THAT CUT OR PUNCTURE

All personnel shall avoid using or holding sharps (needles) unless they are assisting medical personnel or collecting them for evidence. Unless required for reasons related to evidence preservation, employees are not to recap sharps. If recapping is necessary, a one-handed method shall be employed to avoid a finger prick. Disposal, when possible, shall be into a puncture-proof biohazard container.

All sharps and items that cut or puncture (e.g., broken glass, razors and knives) shall be treated cautiously to avoid cutting, stabbing or puncturing one’s self or any other person. In addition, if a sharp object contains known or suspected blood or other bodily fluids, that item is to be treated as a contaminated item. If the item is not evidence, touching it with the hands shall be avoided. Rather, use a device such as tongs or a broom and a dustpan to clean up debris. If the material must be touched, protective gloves shall be worn.

715.7 POST-EXPOSURE REPORTING AND FOLLOW-UP REQUIREMENTS

In actual or suspected employee exposure incidents, proper documentation and follow-up action must occur to limit potential liabilities and to ensure the best protection and care for the employees.

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715.7.1 EMPLOYEE RESPONSIBILITY TO REPORT EXPOSURE

To provide appropriate and timely treatment should exposure occur, all employees should verbally report the exposure to their immediate supervisor and complete a written exposure report as soon as possible following the exposure or suspected exposure. That report should be submitted to the employee's immediate supervisor. Employees should document in the exposure report whether they would like the person who was the source of the exposure to be tested for communicable diseases.

715.7.2 SUPERVISOR REPORTING REQUIREMENTS

The supervisor on-duty shall investigate every exposure that occurs as soon as reasonably possible following the incident, while gathering the following information:

(a) Name and employee identification number of the employee exposed

(b) Date and time of incident

(c) Location of incident

(d) What potentially infectious materials were involved

(e) Source of material or person

(f) Current location of material or person

(g) Work being done during exposure

(h) How the incident occurred or was caused

(i) PPE in use at the time of the incident

(j) Actions taken post-event (e.g., clean-up, notifications)

The supervisor shall advise the employee of the laws and regulations concerning disclosure of the identity and infectious status of a source, and of information contained in this policy regarding source testing.

If the ECO is unavailable to seek testing of the person who was the source of the exposure, it is the responsibility of the exposed employee's supervisor to ensure testing is sought according to the guidelines in this policy.

715.7.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

Any employee who was exposed or who suspects he/she was exposed to HIV or to hepatitis B or C should be seen by a physician or qualified health care professional as soon as reasonably possible.

The doctor or qualified health care professional should be given the supervisor's report and the employee's medical records relevant to the visit and examination. The blood of the exposed employee shall be tested.

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The qualified health care professional will provide the ECO and/or the Office's risk manager with a written opinion/evaluation of the exposed employee's medical condition. This opinion should only contain the following information:

- If a post-exposure treatment is indicated for the employee
- If the employee received a post-exposure treatment
- Confirmation that the employee received the evaluation results
- Confirmation that the employee was informed of any medical condition that could result from the exposure incident and whether further treatment or evaluation will be required
- Whether communicable disease testing from the source is warranted, and if so, which diseases the testing should include

All other findings or diagnosis shall remain confidential and are not to be included in the written report.

715.7.4 COUNSELING

The Office shall provide the exposed employee (and his/her family if necessary) the opportunity for counseling and consultation.

715.7.5 CONFIDENTIALITY OF REPORTS

Most of the information involved in this process must remain confidential. The ECO shall ensure that all records and reports are kept in the strictest confidence. The ECO shall be responsible for maintaining records containing the employee's treatment status and the results of examinations, medical testing and follow-up procedures.

The Office's risk manager shall be responsible for keeping the name and Social Security number of the employee and copies of any information provided to the consulting health care professional on file.

This information is confidential and should not be disclosed to anyone without the employee's written consent (except as required by law). Test results from persons who may have been the source of an exposure should be kept confidential as well.

715.7.6 SOURCE TESTING

Testing a person for communicable diseases when that person was the source of an exposure should be done when it is desired by the exposed member, or when it is otherwise appropriate. Source testing is the responsibility of the ECO. If the ECO is unavailable to seek timely testing of the source, it is the responsibility of the Chief Corrections Deputy to ensure testing is sought.

Source testing may be achieved by:

(a) Obtaining consent from the individual.

(b) Filing a request with a state or local health officer to order bloodborne pathogen testing when an employee is exposed to the bodily fluids of an arrestee (RCW 70.24.340; WAC 246-100-206).

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(c) Receiving an order from the Chief Corrections Deputy for bloodborne pathogen testing for a detainee at the jail (RCW 70.24.360; WAC 246-100-206).

Since there is the potential for overlap between the different manners in which source testing may occur, the ECO is responsible for coordinating the testing to prevent unnecessary or duplicate testing.

The ECO should seek the consent of the individual for testing and consult the County Attorney to discuss other options when no statute exists for compelling the source of an exposure to undergo testing if the individual refuses.

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Re-Entry Coordination and Continuity of Care

716.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures for coordinated medical, behavioral health, substance use disorder (SUD), and re-entry services for individuals incarcerated in the Okanogan County Jail. The purpose of this policy is to ensure early identification of needs, continuity of care, reduction of morbidity and mortality risk, and support for safe and successful reintegration into the community. This policy shall be implemented in coordination with jail custody operations and shall not diminish security, custody authority, or clinical decision-making.

716.2 AUTHORITY

This policy is adopted under the authority of the Okanogan County Sheriff and applies to all custody, medical, behavioral health, and re-entry personnel operating within the jail. Implementation shall comply with applicable federal and state law, including HIPAA, 42 CFR Part 2, RCW 70.48, and Medicaid Reentry requirements.

716.3 RE-ENTRY MULTIDISCIPLINARY TEAM

The corrections facility shall maintain a multidisciplinary re-entry coordination model consisting of the following roles:

a. Psychiatric Provider – A licensed psychiatric provider shall conduct psychiatric evaluations, diagnostic assessments, and medication management within scope of licensure.

b. Mental Health Professional / Substance Use Disorder Professional (MHP/SUDP) – Licensed professionals shall provide mental health and SUD assessment and treatment services in accordance with law and jail policy.

c. Case Manager (Re-Entry Care Coordinator) – The Case Manager shall conduct screening, care coordination, referral, and continuity-of-care planning. The Case Manager shall not provide clinical diagnosis or treatment.

d. Certified Medical Assistants – Certified Medical Assistants shall administer medications and perform medication pass duties under the supervision and orders of licensed medical providers.

e. Administrative Medical Biller – The Administrative Medical Biller shall oversee Medicaid, Managed Care Organization (MCO), and authorized billing processes to ensure compliance and reimbursement accuracy.

716.4 INITIAL RE-ENTRY SCREENING AND ASSESSMENT

Within forty-eight (48) hours of booking, the Case Manager shall complete a structured re-entry screening for each inmate, when operationally feasible. Screening shall assess medical, psychiatric, mental health, and substance use disorder needs, including eligibility for medication for opioid use disorder (MOUD) or detoxification referral.

The Case Manager shall administer standardized screening instruments, which shall include:
• Generalized Anxiety Disorder-7 (GAD-7)

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- Patient Health Questionnaire-9 (PHQ-9)
- Mood Disorder Questionnaire (MDQ or equivalent)
- Columbia Suicide Severity Rating Scale (C-SSRS or approved equivalent)

Screening tools are used for identification and referral purposes only and shall not replace clinical diagnosis or treatment decisions.

716.5 REFERRALS AND IN-HOUSE SERVICES

When screening identifies needs within the Jail's treatment capacity, referrals shall be made to in-house medical or behavioral health staff. When identified needs exceed in-house capability, the Case Manager shall coordinate referrals to contracted providers, including telehealth or community-based services, in consultation with licensed clinical staff.

All detoxification and MOUD referrals shall follow established medical protocols and require clinical approval.

716.6 CONTINUITY OF CARE AND RELEASE COORDINATION

Re-entry coordination shall include continuity of prescribed medications, benefits verification or reactivation, scheduling of follow-up appointments when feasible, and consent-based information sharing with community providers, Managed Care Organizations, and re-entry partners.

Nothing in this policy shall supersede custody authority, security operations, or clinical decision-making by licensed health care professionals.

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Detoxification and Withdrawal

717.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures for the identification, monitoring, and treatment of individuals experiencing or at risk for detoxification and withdrawal while incarcerated in the Okanogan County Jail. Detoxification and withdrawal management shall be conducted to ensure medical safety, stabilization, and continuity of care, and shall support coordinated re-entry planning in alignment with Policy 716 – Re-Entry Coordination and Continuity of Care.

717.1.1 DEFINITIONS

Definitions related to this policy include:

Alcohol withdrawal - A medical condition characterized by physiological changes that occur when alcohol intake is discontinued in an individual who is addicted to alcohol.

Detoxification - The process by which an individual is gradually withdrawn from drugs by the administration of decreasing doses of the drug on which the person is physiologically dependent, or a drug that is cross-tolerant to the dependent drug, or a drug that medical research has demonstrated to be effective in detoxifying the individual from the dependent drug.

717.2 POLICY

The Case Manager, Substance Use Counselor, Mental Health Processional, Physician, Psychiatric Prescriber or RN's shall identify inmates at risk for alcohol, opioid, or other substance withdrawal and shall provide medically appropriate detoxification and withdrawal management services. Services shall be delivered under the direction of licensed medical providers and consistent with established clinical protocols. Correctional Officers and Corrections staff may put referrals into Medical Staff when suspected inmates are at risk.

717.3 SCREENING AND IDENTIFICATON

Inmates shall be screened for substance use history and withdrawal risk during intake with the case manager or other assigned qualified personnel and whenever clinically indicated. Screening shall inform medical monitoring, housing decisions, and treatment planning.

717.4 DETOXIFICATION AND WITHDRAWAL MANAGEMENT

Detoxification and withdrawal management shall be conducted in accordance with written medical protocols approved by the Licensed Medical staff at the jail and inadherence to the Health Care Authority best practices. Monitoring, medication administration, and clinical interventions shall be performed by licensed medical staff or trained personnel acting under provider orders.

717.5 MOUD AND CLINICAL REFERRALS

When clinically indicated, inmates shall be evaluated for medication for opioid use disorder (MOUD) or other evidence-based treatment. Initiation or continuation of MOUD shall require clinical approval and shall be administered in accordance with law and policy.

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717.6 POST-STABILIZATION AND RE-ENTRY COORDINATION

When an inmate is released, re-entry coordination shall support continuity of care, including linkage to community-based treatment providers and follow-up services when appropriate.

717.7 CLINICAL AUTHORITY AND DOCUMENTATION

All detoxification and withdrawal services shall be documented in the inmate's health record. Clinical decisions shall remain the responsibility of licensed medical providers. Nothing in this policy shall supersede custody authority, security operations, or clinical judgment.

717.8 ALCOHOL WITHDRAWAL SYMPTOMS CHART

The following chart describes typical symptoms of mild, moderate and severe withdrawal. It is to be used as a guide for determining when to refer inmates to a qualified health care professional.

Not all symptoms are always present.

	MILD	**MODERATE**	**SEVERE** (Delirium Tremens)
ANXIETY	Mild restlessness and anxiety	Obvious motor restlessness	Extreme restlessness and agitation with appearance of intense fear is common
APPETITE	Impaired appetite	Marked anorexia	Often rejects all food and fluid except alcohol
BLOOD PRESSURE	Normal or slightly elevated systolic	Usually elevated systolic	Elevated systolic and diastolic
CONFUSION	Oriented, no confusion	Variable confusion	Marked confusion and disorientation
CONVULSIONS	No	May occur	Severe convulsions are common
HALLUCINATIONS	No hallucinations	Often vague, transient, visual and auditory hallucinations and delusions, often with insight, often occurring only at night	Visual and occasional auditory hallucinations, usually of fearful or threatening content. Misidentification of persons and frightening delusions relating to hallucinatory experiences
MOTOR CONTROL	Inner "shaky"	Visible tremulousness	Gross uncontrollable shaking
NAUSEA	Nausea	Nausea and vomiting	Dry heaves and vomiting
PULSE	Tachycardia	Pulse 100-120	Pulse 120-140
SLEEP	Restless sleep or insomnia	Marked insomnia and nightmares	Total wakefulness
SWEATING	None or slight	Obvious	Extreme

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Administration of Psychotropic Medication

718.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures for the prescribing, administration, monitoring, and continuity of psychotropic medications for individuals incarcerated in the Okanogan County Jail. Psychotropic medication services shall be provided to support mental health stabilization, safety, and continuity of care, and shall be coordinated with re-entry planning in alignment with Policy 716 – Re-Entry Coordination and Continuity of Care.

718.1.1 DEFINITIONS

Definitions related to this policy include:

Mental health emergency - Any emergency situation that requires an immediate response to an individual in psychiatric crisis, for the preservation of life or the prevention of serious bodily harm to the inmate, staff or others. It is not necessary for harm to take place or to become unavoidable prior to involuntary treatment being imposed.

Psychotropic medication - Any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders.

718.2 POLICY

It is the policy of this office that an inmate may be involuntarily given psychotropic medication on an emergency basis only when the inmate is found by a physician or mental health provider to be a danger to him/herself or others by reason of mental disorders. The Medical Staff shall ensure that psychotropic medications are prescribed, administered, and monitored in accordance with accepted medical and psychiatric standards of care. All psychotropic medication services shall be delivered under the authority of licensed medical staff or psychiatric providers and consistent with applicable law and policy.

718.3 MEDICATION IN AN EMERGENCY

Psychotropic medication shall not be administered to an inmate absent an emergency unless the inmate has given his/her informed consent or administration has been authorized under a court order (RCW 10.77.065).

Involuntary emergency administration of psychotropic medication shall occur only under the following conditions:

- The inmate has been afforded interventions, beginning with the least restrictive options, as approved by the Responsible Physician or mental health provider.
- The administration and duration are authorized by a physician or mental health provider.
- A physician or mental health provider specifies the conditions under which the medication is to be administered.

The details of each condition must be documented in the inmate's medical record.

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This policy limits the number of times that involuntary psychotropic medication may be administered to one dose only during the mental health emergency, as defined by a qualified health care professional. If the emergency is not resolved, the inmate shall be transferred from the jail to an appropriate facility that is designed to treat mental health emergencies.

Psychotropic medication shall not be administered for disciplinary reasons.

718.3.1 PRESCRIBING AUTHORITY

Psychotropic medications shall be prescribed only by licensed psychiatric providers or other authorized medical providers acting within scope of licensure. Medication decisions shall be based on clinical assessment, documented diagnosis, and individualized treatment planning.

718.3.2 MEDICATION ADMINISTRATION

Psychotropic medications shall be administered in accordance with provider orders and established medication administration procedures. Certified Medical Assistants and other authorized personnel may administer medications under supervision and in compliance with training and competency requirements.

718.4 MONITORING AND REVIEW

Inmates receiving psychotropic medications shall be monitored for therapeutic effectiveness, side effects, and adverse reactions. Medication regimens shall be reviewed and adjusted by licensed providers as clinically indicated.

718.5 CONTINUITY OF CARE AND RE-ENTRY COORDINATION

When an inmate receiving psychotropic medication is identified as having ongoing medication needs at or near the time of release, staff shall initiate referral to the Re-Entry Coordination process outlined in Policy 716. Re-entry coordination shall support continuity of psychotropic medication, including prescription planning, medication access, and linkage to community psychiatric providers when feasible.

Psychotropic medication management shall not be interrupted or delayed for the purpose of re-entry coordination.

718.6 CLINICAL AUTHORITY AND DOCUMENTATION

All psychotropic medication services shall be documented in the inmate's health record. Clinical decisions shall remain the responsibility of licensed providers and in their specialty, for psychotropic medications it is the Psychiatric Medication Provider overseeing psychotropic medications in the jail. Nothing in this policy shall supersede custody authority, security operations, or clinical judgment.

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Clinical Performance Enhancement

719.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures for clinical performance enhancement within the Okanogan County Jail. Clinical performance enhancement activities shall support quality improvement, patient safety, regulatory compliance, and effective coordination of medical, mental health, psychiatric, and substance use disorder services, including re-entry coordination in alignment with Policy 716 – Re-Entry Coordination and Continuity of Care.

719.1.1 DEFINITIONS

Definitions related to this policy include:

Clinical performance enhancement review - The process of having a qualified health care professional's work reviewed by another professional (peer review) of at least equal training in the same general discipline (e.g., review of the facility's physicians by the Responsible Physician).

Independent review - The assessment of a qualified health care professional's compliance with discipline-specific and community standards. The review is an analysis of a practitioner's clinical practice. This review may be conducted by someone who may or may not be directly employed by the institution. However, if the review was prompted by an inmate complaint, the reviewing practitioner must not have been previously involved in the care of that inmate.

719.2 POLICY

The corrections facility shall maintain a continuous clinical performance enhancement program designed to monitor, evaluate, and improve the quality and effectiveness of health care services provided to incarcerated individuals. Performance enhancement activities shall be data-informed and conducted in accordance with professional standards and applicable law.

719.3 COMPONENTS OF THE CLINICAL PERFORMANCE ENHANCEMENT

Clinical performance enhancement activities may include, but are not limited to:

a. Review of clinical outcomes, adverse events, and sentinel events;

b. Monitoring of compliance with clinical policies and protocols;

c. Evaluation of medication management, detoxification, suicide prevention, and continuity-of-care processes;

d. Identification of trends, gaps, and opportunities for improvement.

719.4 QUALITY IMPROVEMENT AND CORRECTIVE ACTION

When performance enhancement activities identify deficiencies or risks, corrective action plans shall be developed and implemented as appropriate. Corrective actions may include policy revision, staff training, workflow modification, or additional oversight.

719.5 RE-ENTRY COORDINATION REVIEW

All clinical performance enhancement review reports and complaint investigations shall be considered confidential. The contents of such files shall not be revealed to other than the involved

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employee or authorized personnel, except pursuant to lawful process or as otherwise authorized or required by statute.

719.6 AUTHORITY AND DOCUMENTATION

Clinical performance enhancement activities shall be conducted under the oversight of the Health Authority and documented in accordance with applicable law. Nothing in this policy shall supersede custody authority, security operations, or clinical judgment.

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Clinical Decisions

720.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures governing clinical decision-making for medical, mental health, psychiatric, and substance use disorder services within the Okanogan County Jail. Clinical decisions shall be based on professional judgment, accepted standards of care, and individualized assessment, and shall support patient safety, continuity of care, and coordinated re-entry planning in alignment with Policy 716 – Re-Entry Coordination and Continuity of Care.

720.1.1 DEFINITIONS

Definitions related to this policy include:

Clinical decisions - The process of formulating a differential diagnosis with information gathered from an inmate's medical history and physical and mental examinations, developing a list of possible causes and ordering tests to help refine the list or identify a specific disease.

Differential diagnosis - A systematic method of identifying unknowns or diagnosing a specific disease using a set of symptoms and testing as a process of elimination.

720.2 POLICY

The Chief Corrections Deputy or the authorized designee shall be responsible for providing the custodial support to ensure a safe and secure environment for delivery of services and accessibility to the inmates. All clinical decisions related to the assessment, treatment, and management of inmate health care needs shall be made by licensed health care professionals acting within scope of licensure this includes medical licensed health care professionals and licensed psychiatric health care professionals. Clinical decision-making shall be independent of custody operations, except as necessary to maintain institutional safety and security.

720.3 CLINICAL AUTHORITY

Licensed medical and behavioral health providers shall have authority to make clinical decisions regarding diagnosis, treatment, medication management, housing recommendations for clinical reasons, and referral to specialty care. Custody staff shall not interfere with clinical decision-making but may coordinate implementation consistent with security requirements.

720.4 COORDINATION AND COMMUNICATION

Clinical decisions shall be communicated to relevant custody and health care staff as necessary to ensure safe and effective implementation. Communication shall respect confidentiality requirements and be limited to information necessary for operational safety.

720.5 RE-ENTRY COORDINATION AND CONTINUITY OF CARE

When clinical decisions identify ongoing medical, mental health, psychiatric, or substance use disorder needs extending beyond incarceration, providers shall initiate or support referral to the Re-Entry Coordination process outlined in Policy 716. Re-entry coordination shall support

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continuity of care, including follow-up planning, medication continuity, and linkage to community or tribal providers when feasible.

Clinical decisions shall not be delayed, altered, or overridden for the purpose of re-entry coordination.

720.6 AUTHORITY AND DOCUMENTATION

All clinical decisions shall be documented in the inmate's health record. Nothing in this policy shall supersede the authority of the Sheriff or custody staff over security operations, nor the professional judgment of licensed health care providers.

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Health-Trained Staff

721.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures regarding health-trained staff within the Okanogan County Jail. Health-trained staff shall support the delivery of medical, mental health, psychiatric, and substance use disorder services in coordination with licensed providers, custody operations, and re-entry planning in alignment with Policy 716 – Re-Entry Coordination and Continuity of Care.

721.2 POLICY

It is the policy of this office that staff performing health-related functions are appropriately trained, credentialed, and supervised. Health-trained staff shall perform duties within scope of training and competency and under the direction of licensed health care professionals.

721.3 ROLES AND RESPONSIBILITIES

Health-trained staff may include, but are not limited to, nursing staff, certified medical assistants, and other designated personnel. Responsibilities may include health screening support, medication administration under provider orders, patient observation, documentation, and coordination with licensed providers and custody staff.

721.4 TRAINING AND COMPENTENCY

Health-trained staff shall receive initial and ongoing training appropriate to assigned duties, including training related to mental health, substance use disorders, suicide prevention, infection control, medication administration, and emergency response. Competency shall be assessed and documented in accordance with jail policy.

721.5 CONTINUITY OF CARE AND RE-ENTRY COORDINATION

No member of the Okanogan County Sheriff's Office correctional facility shall create unreasonable barriers that affect an inmate's access to health care services. The following are examples of conduct that are likely to create unreasonable barriers and are prohibited:

(a) Punishing inmates for seeking care for their serious health needs.

(b) Assessing excessive inmate medical fees that prevent or deter inmates from seeking care for their serious health needs.

(c) Deterring inmates from seeking care for their serious health needs by scheduling sick call at unreasonable times.

When health-trained staff identify inmates with ongoing medical, mental health, psychiatric, or substance use disorder needs, if the inmate is not already screened for re-entry benefits staff shall communicate findings to licensed providers and initiate referral to the Re-Entry Coordination process outlined in Policy 716 when appropriate. Re-entry coordination shall support continuity of care and safe transition planning.

Health-trained staff shall not delay or modify required clinical care for the purpose of re-entry coordination.

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721.6 AUTHORITY AND DOCUMENTATION

All activities performed by health-trained staff shall be documented as required. Health-trained staff shall not make independent clinical decisions beyond scope of training. Nothing in this policy shall supersede custody authority, security operations, or licensed clinical judgment.

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Licensure, Certification and Registration Requirements

722.1 PURPOSE AND SCOPE

The purpose of this policy is to recognize that inmates are entitled to health care services that are provided by qualified health care professionals working within the scope of their respective licensure, certification, registration and training. This policy also establishes a credentials verification process.

722.2 POLICY

It is the policy of this office that all qualified health care professionals who provide health care services to inmates possess the required licensure, certification or registration appropriate to their field of expertise. Job descriptions shall include minimum qualifications and specific duties and responsibilities, and shall be approved by the Responsible Physician.

The current credentials and job descriptions for all qualified health care professionals will be on file at the facility and retained in accordance with established records retention schedules.

Any health care provided to inmates at the facility that is not provided by a qualified health care professional is provided in accordance with a standing order or direct order issued by personnel who are qualified under governing laws to give such orders.

722.3 CREDENTIALING AND FILE MAINTENANCE

A completed file of current licenses, certifications, registration, reference checks and applications shall be maintained by the Office Department of Human Resources and by the Responsible Physician or the authorized designee at this facility.

(a) The Responsible Physician or the authorized designee shall obtain confirmation of current licensure, certification and registration prior to making any offer of employment.

(b) Inquiries into any sanctions or disciplinary actions of state boards, employers and the U.S. Department of Health and Human Services' National Practitioner Data Bank should be conducted prior to making any offer of employment.

(c) Individuals should be required to pass a job related pre-employment background investigation. Employment references may be obtained via mail or over the phone with documentation.

(d) Each employee should be held responsible for providing renewal verification of licenses, certificates and registration prior to the expiration date.

(e) Any group or individual providing health care services must complete the credentialing process that is appropriate for their profession and must provide the facility a copy of current licensure and, when appropriate, a Drug Enforcement Administration (DEA) certificate to prescribe controlled substances.

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(f) To be eligible for hire, all qualified health care professionals must possess and maintain a current CPR certification and provide documentation to the Responsible Physician or the authorized designee.

722.4 STUDENTS AND/OR INTERNS

If the health care services provided to an inmate are performed by an intern, resident or student who is authorized to provide specific health care services as part of a formal medical training program, the individual in training will work under the control and supervision of a qualified health care professional. Assigned tasks shall be commensurate with the intern, student or resident's level of training.

There shall be a written agreement between the facility and the entity sponsoring the training program that covers the scope of work, duration of the agreement and any legal or liability issues.

Any student, intern or resident working in the facility shall participate in a facility orientation that includes, but is not limited to, topics such as fire safety, facility security, items that are considered contraband and inmate culture.

All interns, residents or students shall be required to agree in writing to abide by all facility policies, including those relating to hostages, facility security and the confidentiality of information.

All training provided, written agreements and/or contracts shall be maintained in the intern, resident or student's file by the Responsible Physician or the authorized designee in accordance with established records retention schedules.

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Suicide Prevention and Intervention

723.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures for suicide prevention, risk identification, intervention, and post-incident response for individuals incarcerated in the Okanogan County Jail. Suicide prevention efforts shall prioritize safety, timely intervention, clinical assessment, and continuity of care, and shall be coordinated with re-entry planning in alignment with Policy 716 – Re-Entry Coordination and Continuity of Care.

723.2 POLICY

It is the policy of this office to minimize the incidence of suicide by establishing and maintaining a comprehensive suicide prevention and intervention program designed to identify inmates who are at risk of suicide, respond to suicidal behavior or ideation, and ensure timely referral to qualified medical or mental health professionals.

723.3 IDENTIFICATION AND SCREENING

Inmates shall be screened for suicide risk during intake by the case manager, mental health professional or other licensed medical staff and whenever clinically or behaviorally indicated. Screening may include the use of validated suicide risk screening tools to include the Columbia Suicide Screener. Observed behavior, verbal statements, prior history, and collateral information shall be considered in suicide risk determination.

723.4 STAFF TRAINING

All facility staff members who are responsible for supervising inmates shall receive initial and annual training on suicide risk identification, prevention and intervention, to include, at minimum:

- The provisions of this policy.
- Identification of the warning signs and indicators of potential suicide, including training on suicide risk factors.
- Identification of the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors.
- Responding to suicidal and depressed inmates.
- Communication between corrections and health care personnel.
- Using referral procedures.
- Housing observation and suicide watch-level procedures.
- Follow-up monitoring of inmates who attempt suicide.

Recommendations for modification to suicide training should be directed to the Chief Corrections Deputy, who shall review the recommendations and approve, if appropriate.

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723.5 INTERVENTION AND CLINICAL RESPONSE

When suicide risk is identified, staff shall immediately implement appropriate safety measures and refer the inmate for clinical assessment by licensed mental health professionals or the Jail Psychiatric Provider. Interventions may include increased monitoring, housing adjustments, crisis intervention, and initiation of mental health services as clinically indicated. If there was an attemptby an inmate made in the jail they will be placed on 72 hour suicide watch and screened by mental health professionals regularly and a referral to the psychiatric provider will be made for an intake.

723.6 SUICIDE WATCH

Inmates should only be housed on suicide watch with the approval of a qualified health care professional and the Shift Sergeant. If a qualified health care professional is not present in the jail, the Shift Sergeant may make the decision to place an inmate on suicide watch but should notify a qualified health care professional as soon as practicable. Inmates placed on suicide watch shall be closely monitored and housed in a cell that has been designed to be suicide resistant. Prior to housing the inmate, the staff should carefully inspect the cell for objects that may pose a threat to the inmate’s safety.

Qualified health care professionals are primarily responsible for the treatment of inmates on suicide watch. Corrections Deputy and general employees are responsible for the physical safety of the inmates. All staff members should coordinate their efforts to ensure that inmates do not have the means or the opportunity to injure themselves.

An observation log shall be maintained for each inmate on suicide watch. A staff member shall be designated to make a direct visual observation of the inmate twice every 30 minutes at approximately 15-minute intervals. A Shift Sergeant and a qualified health care professional, if available, must observe the inmate at least once every five hours. Each staff member who is required to observe the inmate shall make notations in the observation log documenting the time of observation and a brief description of the inmate’s behavior.

An inmate classified as actively suicidal must be continuously monitored by direct visual observation of a corrections deputy. While monitoring may be supplemented by video monitoring, it may never be a substitute for direct visual monitoring.

The status of suicidal inmates should be readily identifiable in a manner discernible by staff. When standard-issue clothing presents a security or medical risk to the inmate or others, the inmate shall be supplied with a security garment that is designed to promote inmate safety and not cause unnecessary humiliation and degradation. Use of the security garment shall be documented in the inmate’s health record. Suicidal inmates shall not be permitted to retain undergarments or any other item that can be fashioned into an implement for hanging (e.g., plastic bags, shoelaces or sheets). Inmates shall not be permitted to keep personal property while housed on suicide watch and shall not be permitted to possess razors or other sharp objects, such as pencils, items with staples or any other item that may be used to cause a self-inflicted injury. Physical restraints

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should only be used as a last resort measure. The decision to use or discontinue use of restraints should be made in consultation with qualified health care professionals.

Inmates who are not actively suicidal but who have expressed suicidal thoughts or have a recent history of self-injurious behavior should be observed by staff at irregular intervals, not to exceed every 15 minutes.

723.6.1 NOTIFICATION

In the event of an attempted or completed suicide, the Chief Corrections Deputy should be promptly notified. The Chief Corrections Deputy should notify the Sheriff.

The location where a suicide or attempted suicide has occurred should be treated as a crime scene after the inmate has been removed from the cell or after emergency medical care is rendered. The area should be secured and access-controlled to preserve evidence until the appropriate investigation can be completed.

All suicides or attempted suicides shall be documented in an incident report. Any injury must be documented in an inmate injury report.

All in-custody deaths, including those resulting from suicide, should be investigated and documented in accordance with the Reporting Inmate Deaths Policy.

723.7 CONTINUITY OF CARE AND RE-ENTRY COORDINATION

When an inmate with identified suicide risk has ongoing mental health needs or recent suicidal ideation, and they have not been screened by the Re-Entry case manager, staff shall initiate referral to the Re-Entry Coordination process outlined in Policy 716 prior to release when feasible. Re-entry coordination shall support continuity of mental health care, medication management, and linkage to community-based crisis or behavioral health services.

Suicide prevention and intervention activities shall not be delayed or modified for the purpose of re-entry coordination.

723.7.1 POST-INCIDENT RESPONSE AND REVIEW

Any suicide attempt or death of an inmate or on-site staff member requires a staff debriefing. A clinical care review and incident review processes in accordance with applicable policy and law, to include the Mental Health Professional, Chief Correctional Officer, Jail Psychiatric Provider, Jail Physician and other informed parties. Findings may be used to inform quality improvement efforts.

723.8 TRANSPORTATION

Inmates at risk for suicide pose additional challenges during transport and while being held in court holding facilities. The transportation staff should take reasonable steps to closely monitor at-risk inmates whenever they are transported or held in any cell that is not designated as a suicide-watch cell. All additional security and monitoring measures implemented by the staff should be documented in the inmate’s record. The transporting corrections deputy should ensure that the suicide threat or other danger is communicated to personnel at the receiving facility.

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723.9 AUTHORITY AND DOCUMENTATION

All suicide prevention and intervention activities shall be documented in accordance with jail policy and applicable law. Clinical decisions shall remain the responsibility of licensed professionals. Nothing in this policy shall supersede custody authority, security operations, or clinical judgment.

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Inmate Death - Clinical Care Review

724.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the actions and notifications required in the event of an in-custody death and the medical care received by the inmate. The policy requires that a review of all in-custody deaths be conducted to assess the appropriateness of the clinical care provided and the effectiveness of the facility's policies and procedures.

724.1.1 DEFINITIONS

Definitions related to this policy include:

Administrative review - An assessment of the facility's emergency response actions surrounding the death of an inmate. The purpose of the administrative review is to identify areas where operations, policies and procedures may be improved.

Clinical mortality review (CMR) - An assessment of the medical condition of the inmate prior to treatment, the clinical care provided by contractors and the circumstances of the death. The purpose of the CMR is to identify areas of patient care or system policies and procedures that may be improved.

Psychological autopsy - A written reconstruction of an inmate's life with an emphasis on factors that may have contributed to his/her death. This is sometimes referred to as a psychological reconstruction and is usually conducted by a psychologist or other qualified mental health care professional.

724.2 POLICY

It is the policy of this office that all in-custody deaths are reviewed to determine the appropriateness of the clinical care provided, to determine whether existing policies are appropriate or if revision is necessary and to identify any other issues associated with the circumstances of the death. A postmortem examination should be performed according to the laws of the jurisdiction if the cause of death is unknown, if the death occurred under suspicious circumstances or if the inmate was not under current medical care.

724.3 NOTIFICATIONS

In the event of an in-custody death, all authorities with jurisdiction, including the Coroner or the authorized designee shall immediately be notified by the Chief Corrections Deputy or the authorized designee at the time of death.

The Responsible Physician should also be notified and should coordinate with the Chief Corrections Deputy, who will be responsible for notifying his/her chain of command regarding all medical issues surrounding the in-custody death.

Information regarding the individual designated by the deceased inmate for notification should be provided to the Coroner or the authorized designee, who is charged with the responsibility of making such notifications.

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724.4 DOCUMENTATION

The qualified health care professional on-duty at the time of the in-custody death shall ensure that all witnessed facts concerning the death are documented on the inmate's health record. Written documentation should include, but is not limited to, the time of death, the preceding circumstances surrounding the death, nature of the death, treatment rendered and who was notified of the death and by whom.

The Responsible Physician should initiate a death report and document it in accordance with the Continuous Quality Improvement Policy.

724.5 CLOSING THE MEDICAL RECORD

The Responsible Physician should review the inmate's health record to ensure appropriate entries have been made, and within 24 hours of the death have the original and a complete copy of the medical record made and delivered as follows (see the Reporting Inmate Deaths Policy):

(a) Seal the original in an envelope and retain in the custody of the Responsible Physician.

(b) Send the copy to the facility for inclusion into the inmate file and retain in accordance with established records retention schedules.

724.6 DEATH BY SUICIDE

In the event of a suspected inmate suicide, the qualified health care professional shall make a report within 24 hours to the Responsible Physician containing:

(a) The inmate's known mental health history.

(b) The most recent known mental health treatment.

(c) All known circumstances surrounding the suicide.

A psychological autopsy should be conducted by a qualified mental health care professional if the cause of death is determined to be a suicide.

The initial CMR should be conducted by the Responsible Physician and, if available, a mental health care professional. The CMR should be finalized within 30 days by the Responsible Physician. The findings should be shared with the treating staff.

724.7 DEATH REVIEW

All deaths should be reviewed within 30 days. The review shall consist of an administrative review, a CMR and a psychological autopsy if the death was by suicide.

Treating staff shall be informed of the CMR and the administrative review findings at the quarterly continuous quality improvement meeting.

Corrective actions identified through the CMR should be implemented and monitored in accordance with the Continuous Quality Improvement Policy for systemic issues and the Inmate Safety Program Policy for staff-related issues.

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Nursing Assessment Protocols

725.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures for nursing assessment protocols for individuals incarcerated in the Okanogan County Jail. Nursing assessments shall support timely identification of medical, mental health, psychiatric, and substance use disorder needs; appropriate triage; continuity of care; and coordinated re-entry planning in alignment with Policy 716 – Re-Entry Coordination and Continuity of Care.

725.2 POLICY

It is the policy of this office that nursing assessments are conducted by qualified nursing staff in accordance with professional standards of practice and applicable law. Nursing assessments shall inform clinical decision-making, treatment planning, and referral to appropriate services.

725.3 INITIAL AND ONGOING NURSING ASSESSMENTS

Nursing assessments shall be conducted during intake when indicated, following medical screening, and at other times as clinically appropriate. Assessments shall include evaluation of vital signs, presenting complaints, medical history, medication needs, mental health concerns, substance use history, withdrawal risk, and other indicators relevant to patient safety and care planning.

725.4 TRIAGE AND REFERRAL

Findings from nursing assessments shall be used to determine clinical priority and referral to medical providers, mental health professionals, psychiatric services, or substance use disorder treatment as indicated. Emergent findings shall be escalated immediately in accordance with established protocols.

725.5 CONTINUITY OF CARE AND RE-ENTRY COORDINATION

When nursing assessments identify ongoing medical, mental health, psychiatric, or substance use disorder needs, if the inmate has not been screened for re-entry benefits, nursing staff shall initiate referral to the Re-Entry Coordination process outlined in Policy 716. Re-entry coordination shall support continuity of care, including medication management, follow-up planning, and linkage to community or tribal providers when feasible.

Nursing assessment and triage shall not be delayed or modified for the purpose of re-entry coordination.

725.6 AUTHORITY AND DOCUMENTATION

All nursing assessment activities shall be documented in the inmate's health record. Nursing staff shall operate within scope of licensure and under the direction of licensed medical providers. Nothing in this policy shall supersede custody authority, security operations, or clinical judgment.

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Medical Equipment and Supply Control

727.1 PURPOSE AND SCOPE

This policy outlines the control and inventory process to be utilized in accounting for all medical equipment and supplies. Medical equipment and supplies can pose a hazard for both the inmate population and the staff. Unauthorized possession of medical equipment and supplies constitutes possession of contraband. Unauthorized use of medical equipment and supplies violates inmate rules detailed in the inmate handbook. Since it is necessary to have a well-stocked medical space within the secure perimeter of the facility, there must be a plan to ensure that equipment and medical supplies are accounted for and tightly controlled.

727.2 POLICY

It is the policy of this office that all medical equipment, including sharps, dental instruments, needles and other items must be tightly controlled so they cannot be used as weapons or to facilitate the injection of drugs or other substances. Additionally, these tools and supplies must be controlled to prevent exposure to biohazards.

727.3 STAFF RESPONSIBILITIES

It is the responsibility of the Chief Corrections Deputy to ensure that the inmate handbook clearly defines the unauthorized possession and/or use of medical equipment and supplies as a rule violation that may result in discipline.

The Responsible Physician or the authorized designee shall create and maintain an inventory log for all medical equipment and supplies. This log will be utilized by medical personnel who work within the facility to track and control medical equipment and supplies. When not in use, all medical equipment and supplies shall be stored in a secure manner to prevent unauthorized access.

At the beginning of each shift, the qualified health care professional shall inventory the medical supplies and equipment within their control. Any time a disposable item is used, the log shall reflect its use and disposal. At the end of each shift, the qualified health care professional will conduct another inventory using the supply and equipment log, and reconcile any disposable supplies used during their shift.

If there is a discrepancy that indicates that medical supplies or equipment are missing, the Shift Sergeant shall be immediately notified. The Shift Sergeant shall initiate a search for the missing supplies and/or equipment. The Shift Sergeant shall document the incident and any actions taken, and provide the Chief Corrections Deputy with a complete report.

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Continuation of Care

728.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures to ensure continuity of medical, mental health, psychiatric, and substance use disorder care for individuals incarcerated in the Okanogan County Jail. Continuity of care shall include coordination during incarceration and transition planning prior to release, in alignment with Policy 716 – Re-Entry Coordination and Continuity of Care.

728.2 POLICY

It is the policy of this office that all inmates shall have access to continuity of care through appropriate clinical assessment, treatment planning, and coordination with internal and external providers. Continuity of care shall be maintained when inmates enter custody, transfer between housing or care levels, and prepare for release.

728.3 CONTINUITY OF CARE

The Chief Corrections Deputy is responsible for coordinating with the Responsible Physician to ensure that all inmates receive appropriate health care, including but not limited to:

(a) Newly booked inmates shall have a medical screening as part of the booking and classification process. This screening includes documentation of acute or chronic health issues or conditions, existing injuries, and medications or treatments the inmate is currently receiving.

1. Any prior jail health records, including those from other facilities, should be reviewed.
2. Current medications will be verified and continued as deemed appropriate by the Responsible Physician or the authorized designee except that medication prescribed to treat a serious mental illness shall be continued if the inmate is medically stable on the medication. Such medication shall not be substituted unless it is discontinued or the generic form is clinically identical (RCW 10.77.109).

(b) A health assessment is offered on or before the 14th day of continuous incarceration.

(c) Individual treatment plans that are used to guide treatment. The format for planning may vary but should include, at a minimum:

1. The frequency of follow-up for medical evaluation and adjustment of treatment modality.
2. The type and frequency of diagnostic testing and therapeutic regimens.
3. When appropriate, instructions about diet, exercise, medication, and adaptation to the correctional environment.
4. Custody staff is informed of the treatment plan when necessary to ensure coordination and cooperation in the ongoing care of the inmate.

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(d) Reasonable effort should be made to obtain information and records relating to previous health care professionals, with the consent of the inmate, if the inmate is currently under medical care.

(e) Upon transfer to another facility, a medical discharge summary of the inmate's current condition, medications, and treatment plan will be forwarded in a sealed envelope (to maintain confidentiality) to the receiving facility.

(f) Response to requests for health information from medical facilities and health care professionals, with the inmate's written consent.

(g) When inmates are sent out of the facility for emergency or specialty medical treatment, written information regarding the inmate's reason for transfer, pertinent medical problems, and list of current medications should be sent with the inmate and may be given to those providing care upon request. The name and phone number of a contact person who the medical facility can call should be included with the patient health information. Upon the inmate's return to the facility, treatment recommendations should be reviewed by the Responsible Physician or the authorized designee and appropriate plans should be made for continuing care in the facility based on the treating facility's diagnosis, recommended medications, and other treatment.

(h) Upon release from the facility, inmates should be given written instructions for the continuation of care, including but not limited to:

1. The name and contact information of health care facilities for follow-up appointments.
2. Prescriptions and/or an adequate supply of medication for those with chronic medical or psychiatric conditions.

728.4 RE-ENTRY COORDINATION

When an inmate is identified as having ongoing medical, mental health, psychiatric, or substance use disorder needs, staff shall refer the inmate to the Re-Entry Coordination process outlined in Policy 716. Re-entry coordination shall include continuity of prescribed medications, treatment planning, and linkage to community providers when appropriate.

728.5 DOCUMENTATION

All continuity-of-care activities shall be documented in the inmate's health record in accordance with applicable law.

728.6 CLINICAL AUTHORITY

Nothing in this policy shall supersede clinical judgment or custody authority. All treatment decisions shall remain the responsibility of licensed health care professionals.

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Continuous Quality Improvement

729.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a Continuous Quality Improvement (CQI) process of health care review in an effort to identify improvement needs in policies, processes or staff actions, and to develop and implement better health care strategies to improve the processes and outcomes of the health care services delivered at this facility.

729.2 POLICY

It is the policy of this office that an internal review and CQI process for inmate health care delivery and outcomes is developed and maintained, measurable goals and objectives are established and reviewed annually, and that the process itself is periodically reviewed and updated as needed. The process should be supervised by the Responsible Physician. The data evaluated should result in more effective access to services, an improved quality of care and a better utilization of resources.

729.3 CQI TECHNIQUES AND MONITORING

The CQI process may be applied to any aspect of health care delivery and health service outcomes, including, but not limited to, monitoring and reviewing the following:

- Quality of the medical charts, by the Responsible Physician or the authorized designee
- Investigations of complaints and grievances
- Corrective action plans and plan outcomes
- Deaths in custody, suicide attempts, sentinel events, and incident and management of serious communicable disease outbreaks
- Plans for employee education and training, using investigation findings
- Records of internal review activities
- Quarterly reports to the Responsible Physician and Chief Corrections Deputy
- Legal requirements for confidentiality of medical records
- Credentialing (assessing and confirming qualifications), privileging (authorization to provide services), and training of employees and the associated peer review processes
- Condition and effectiveness of the care environment
- Adequacy and quality of supplies and equipment
- Quality of care provided to individual patients
- Accuracy and efficiency of pharmacy services and medication administration
- Ease of access to care
- Risk minimization tactics

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- Data describing the types, quality and quantity of care provided
- Accreditation compliance

729.4 CQI COMMITTEE MEETINGS

The jail CQI committee should meet quarterly under the direction of both the committee chair and the Responsible Physician. The CQI meetings may be conducted at the same time as quarterly administrative meetings, but CQI minutes must be produced and maintained separately from any other minutes.

The CQI minutes are not subject to disclosure outside of the CQI program, including requests from local, regional and national entities. Other interested parties with a need to know are only entitled to the disclosure of information that includes:

(a) Problems that may have been identified.

(b) Solutions that have been agreed upon.

(c) Persons responsible for implementing the corrective action.

(d) The time frame for implementing the corrective actions.

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Informed Consent and Right to Refuse Medical Care

730.1 PURPOSE AND SCOPE

This policy recognizes that inmates have a right to make informed decisions regarding their health care. It establishes the conditions under which informed consent should be obtained prior to treatment, when medical care may proceed without consent, the documentation process for the refusal of medical care and the retention of refusal forms.

730.1.1 DEFINITIONS

Definitions related to this policy include:

Informed consent - The written agreement by an inmate to a treatment, examination or procedure. Consent is sought after the inmate has received the material facts about the nature, consequences and risks of the proposed treatment, the examination or procedure, the alternatives to the treatment and the prognosis if the proposed treatment is not undertaken, in a language understood by the inmate.

730.2 POLICY

It is the policy of this office that, generally, all health care examinations, treatments and procedures shall be conducted with the informed consent of the inmate. Exceptions may include emergencies, life-threatening conditions and public health matters.

730.3 INFORMED CONSENT

The qualified health care professional initiating treatment shall inform the inmate of the nature of the treatment and its possible side effects and risks, as well as the risks associated with not having the treatment.

For invasive procedures or any treatment where there is some risk to the inmate, informed consent is documented on a written form containing the signatures of the inmate and a health services staff witness.

A signed informed consent shall be obtained and witnessed by the prescribing psychiatrist for the initiation of psychotropic medication.

Appropriate arrangements shall be made to provide language translation services as needed before an inmate signs any informed consent form.

Absent informed consent in non-emergency situations, a court order is required before involuntary treatment can be administered to an inmate.

730.4 REFUSAL OF TREATMENT

When an inmate refuses medical, mental health or dental treatment or medication, he/she shall be counseled regarding the necessity of the treatment/medication and the consequences of

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refusal. The inmate shall then be requested to sign a form acknowledging that he/she refused an examination and/or treatment.

The form shall be filled out completely by the qualified health care professional and include the inmate's name, booking number, treatment/medication refused, the risks or consequences of refusal and the inmate's mental status. The form must be signed by the inmate and a witness.

In the event that the inmate refuses to sign, a notation to this effect shall be documented on the inmate signature line. This shall require a signed acknowledgement by two witnesses.

Documentation regarding the inmate's mental status shall be noted in the medical record, along with a brief note describing the intervention of the qualified health care professional.

The completed form is to be placed in the inmate's medical record.

It is the responsibility of the qualified health care professional to refer all refusal forms to the Responsible Physician.

Any time there is a concern about the decision-making capacity of the inmate, an evaluation shall be conducted, particularly if the refusal is for critical or acute care.

All refusals of psychotropic medication shall be referred to the Responsible Physician.

Any time an inmate refuses to take his/her medication, attend sick call or a scheduled medical appointment, a signed refusal must be obtained by the qualified health care professional.

The refusal form shall be a permanent part of the inmate's medical record.

The inmate may revoke his/her refusal at any time.

730.5 RECORDS

The Chief Corrections Deputy or the authorized designee shall work with the Responsible Physician to develop medical care consent and refusal forms and a system for retaining records in the inmate’s health file in accordance with established records retention schedules.

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Management of Health Records

731.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a uniform manner of maintaining the active inmate health records for easy accessibility during clinical treatment, and the storage methods for inactive health records. This policy also recommends practices that will ensure the confidentiality of health record information by separating it from custody records.

731.1.1 DEFINITIONS

Definitions related to this policy include:

Protected health information - Information that relates to the inmate's past, present or future physical or mental health or condition, the provision of medical care to the inmate, or the past, present or future payment for the provision of health care to the inmate (45 CFR 160.103).

731.2 POLICY

It is the policy of this office to maintain the confidentiality of inmates' protected health information. Inmate health records will be maintained separately from custody records and under secure conditions, in compliance with all local, state and federal requirements.

The Responsible Physician or the authorized designee will establish standardized facility procedures for recording information in the file and for the control and access to inmate health records. Inmate workers shall not have any access to inmate health records.

731.3 INITIATING A HEALTH RECORD

Following the initial medical screening process, the qualified health care professional shall initiate a health record for each inmate. The Responsible Physician shall be responsible for developing and implementing procedures for standardized record formatting.

731.4 CONFIDENTIALITY OF INMATE HEALTH RECORDS

Information regarding an inmate's health status is confidential. Active health records shall be maintained separately from custody records. Access to an inmate's health record shall be in accordance with state and federal law (Health Insurance Portability and Accountability Act (HIPAA) of 1996 Public Law 104-191 and the implementing regulations).

The inmate's protected health information may be disclosed, with the inmate's written authorization, to any person so designated. A fully completed authorization for release and/or a disclosure of protected health information form shall be required prior to disclosure based upon informed consent.

The inmate's protected health information may be disclosed by the qualified health care professional without the inmate's authorization under certain circumstances and when approved by the Responsible Physician or the authorized designee. Those circumstances include:

(a) To known qualified health care professionals who are members of the health care team responsible for the inmate's care.

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(b) To custody staff regarding inmates as reasonably necessary to protect the safety, security and good order of the facility. Examples may include information that the inmate may be:

1. Suicidal.
2. Homicidal.
3. A clear custodial risk.
4. A clear danger of injury to self or others.
5. Gravely disabled.
6. Receiving psychotropic medications.
7. A communicable disease risk.
8. In need of special housing.

(c) To the local public health officer when an inmate is part of a communicable disease investigation.

(d) Pursuant to a court order or valid subpoena duces tecum, accompanied by a satisfactory assurance that the inmate has been given notice and an opportunity to file an objection or efforts have been made to secure a protective order as required under HIPAA (45 CFR 164.512).

(e) To a law enforcement officer for purposes of a criminal investigation, to avert a serious threat to the health or safety of any person or to fulfill mandatory reporting requirements.

(f) To a law enforcement officer when the inmate has died as a result of criminal conduct.

The inmate’s limited protected health information may also be disclosed to a law enforcement officer for purposes of identifying or locating a suspect or when the inmate is a victim of a crime. When reasonably possible, the approval of the Chief Corrections Deputy should be obtained prior to disclosure.

Attorneys requesting health record information regarding an inmate should be advised that an authorization for release and/or a disclosure of medical information form or an attorney release form signed by the inmate is required.

Family members may be informed of the inmate’s custody status and whether the inmate is receiving medical care. Family members requesting additional information must provide a proper authorization for release and/or disclosure of medical information form.

The Chief Corrections Deputy, in consultation with the Responsible Physician, shall designate personnel who will be responsible for reviewing all requests for access to medical records and who will propose related policies and procedures and other activities designed to facilitate proper documentation of health care and access to records.

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731.5 HEALTH RECORD CONTENTS

(a) To standardize record keeping and to identify responsibilities, the following should apply to inmate health records:

1. The qualified health care professional or the authorized designee should be responsible for ensuring that all required information and forms are included in the medical records. There should also be a periodic informal review as described in the Continuous Quality Improvement Policy.
2. The qualified health care professional or the authorized designee should be responsible for ensuring incoming written findings and recommendations are returned with the inmate from any off-site visit and filed in the inmate’s medical record.

(b) Inmate health records shall minimally contain, but are not limited to:

1. Identifying information (e.g., inmate name, identification number, date of birth, sex) on each sheet in the file.
2. A completed inmate medical/mental health screening form.
3. Health appraisal information and data forms.
4. Complaints of illness or injury.
5. A problem summary, containing medical and mental health diagnoses and treatments as well as known allergies.
6. Immunization records.
7. Progress notes of all significant findings, diagnoses, treatments and dispositions.
8. Clinician orders for prescribed and administered medications.
9. X-ray and laboratory reports and diagnostic studies.
10. A record of the date, time and place of each clinical encounter with inmates.
11. Health service reports.
12. Individualized treatment plans when available or required.
13. Consent and refusal forms.
14. Release of information authorization forms (including HIPAA forms).
15. Results of specialty consultations and off-site referrals.
16. Special needs treatment plans, if applicable.

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731.6 ACTIVE INMATE HEALTH RECORDS

Active inmate health records will be accessible to qualified health care professionals as necessary for the provision of medical treatment and other uses allowed by law or the Chief Corrections Deputy or the authorized designee, under exigent circumstances, to protect the safety, security and good order of the facility.

All entries in the inmate health record will have the place, date, time, signature and title of each individual providing care and should be legible.

Documentation in the inmate health record is done in the subjective, objective, assessment and plan (SOAP) format. An inmate health record is initiated at the first health encounter following the initial medical screening.

If an inmate has been previously incarcerated, the previous health record should be reactivated. If a new record has been initiated and a previous record exists, medical records personnel should merge the two records in order to compile a complete history, unless mandated statutory retention schedules have provided for the destruction of one file and there is a need to create a new file.

New information shall be entered on the health record at the completion of each encounter. All inmate health records shall be returned to the file prior to the end of each watch.

731.7 INACTIVE MEDICAL RECORDS

When an inmate is released from custody, medical records personnel should remove the inmate’s health record from the active file.

The health record should be reviewed for completeness. Any loose documents should be filed according to the established health record format.

The health record should be securely stored in the area designated for inactive inmate health records, in accordance with established records retention schedules but no less than 10 years from the date of the last clinical encounter. Adult records and juvenile records may have different jurisdictional retention requirements.

Inactive inmate medical records may be stored off-site. Health record information from inactive files may be transmitted to specific and designated physicians or medical facilities upon the written request or authorization of the inmate.

731.8 ELECTRONIC MEDICAL RECORDS

If medical records are maintained in an electronic format, the system should be structured with redundancies to ensure the records will survive any system failure.

731.9 HIPAA COMPLIANCE

The Chief Corrections Deputy, in consultation with the Responsible Physician, shall ensure that a health record protection and disclosure compliance plan conforming to the requirements of HIPAA is prepared and maintained. The plan should detail all necessary procedures for security and review of the access and disclosure of protected health information.

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At minimum, the plan will include:

- Assignment of a HIPAA compliance officer, who is trained in HIPAA compliance and will be responsible for maintaining procedures for and enforcing HIPAA requirements, including receiving and documenting complaints about breaches of privacy.
- Ongoing training on HIPAA requirements, depending on the level of access the member has to protected health information.
- Administrative, physical and technical safeguards to protect the privacy of protected health information.
- Procedures for the permitted or required use of disclosure of protected health information and the mitigation of harm caused by improper use or disclosure.
- Protocol to ensure privacy policies and procedures, any privacy practice notices, disposition of any complaints, and other actions, activities and designations required to be documented, are maintained for at least six years after the date of creation or last effective date, whichever is later.

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Inmate Health Care Communication

732.1 PURPOSE AND SCOPE

The purpose of this policy is to establish and maintain effective communication between the treating qualified health care professionals and custody personnel. This communication is essential at all levels of the organization to ensure the health and safety of all occupants of the facility.

732.2 POLICY

It is the policy of this office that effective communication shall occur between the Chief Corrections Deputy and the treating qualified health care professionals regarding any significant health issues of an inmate. All health issues should be considered during classification and housing decisions in order to preserve the health and safety of the occupants of this facility.

When a qualified health care professional recognizes that an inmate will require accommodation due to a medical or mental health condition, custody personnel shall be promptly notified in writing.

The Chief Corrections Deputy shall be responsible for establishing measurable goals relating to processes that enhance good communication between the qualified health care professionals and the custody staff. The Chief Corrections Deputy should also establish, in writing, the desired performance objectives relating to practices that support good communication between the qualified health care professionals and the custody staff. The Chief Corrections Deputy should review the documents annually for any necessary revisions or updates in support of continuous improvement in the delivery of health care services.

732.3 MANAGING SPECIAL NEEDS INMATES

Upon an inmate's arrival at the facility, the qualified health care professional, in consultation with the custody staff, should determine if the inmate has any special needs.

(a) If staff determines that an inmate has special needs appropriate documentation relating to special needs should be completed and sent to classification personnel, the Shift Sergeant and the housing officer. This is to ensure that the inmate is assigned to a housing unit that is equipped to meet his/her special needs.

(b) The qualified health care professional should arrange for the appropriate follow-up evaluation.

(c) The health care of special needs inmates should be continuous and ongoing. At minimum, the inmate should be seen by the Responsible Physician or a qualified health care professional at least once every 90 days to evaluate his/her continued designation as a special needs inmate.

(d) Inmates who have been determined by qualified health care professionals to require a special needs classification should be seen at least once monthly by a qualified health care professional.

(e) Prior to transfer to another facility, a medical transfer summary should be completed detailing any special requirements that should be considered while the inmate is

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in transit and upon his/her arrival at the destination. Discharge planning should be included, as appropriate.

(f) A treatment plan should be developed for each inmate and should include, at a minimum:

1. The frequency of follow-up for medical evaluation and anticipated adjustments of the treatment modality.
2. The type and frequency of diagnostic testing and therapeutic regimens.
3. When appropriate, instructions about diet, exercise, adaptation to the correctional environment and using prescribed medications.

(g) When clinically indicated, the qualified health care professionals and the custody personnel should consult regarding the condition and capabilities of inmates with known medical and/or psychiatric illnesses or developmental disabilities prior to any of the following:

1. Housing assignment
2. Program or job assignment
3. Admissions to, and transfers from or between institutions
4. Disciplinary measures for mentally ill patients

(h) Qualified health care professionals and custody personnel should communicate about inmates who require special accommodation. These include, but are not limited to, inmates who are:

1. Chronically ill
2. Undergoing dialysis
3. In an adult facility, as an adolescent
4. Currently in treatment for a communicable disease
5. Physically disabled
6. Pregnant
7. Frail or elderly
8. Terminally ill
9. Mentally ill or suicidal
10. Developmentally disabled

732.4 NOTIFICATION TO SUPERVISORS

In the event that there is no mutual agreement regarding an individual or group of inmates who require special accommodation for medical or mental health conditions, supervisors in the respective chain of command within the health care and custody staff should address these issues.

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Forensic Evidence

733.1 PURPOSE AND SCOPE

The purpose of this policy is to maintain credibility between the inmates and the facility's qualified health care professionals by establishing clear guidelines restricting facility health care professionals from participating in the collection of forensic evidence for disciplinary or legal proceedings.

733.1.1 DEFINITION

Definitions related to this policy include:

Forensic evidence - Physical or psychological data collected from an inmate that may be used against the inmate in disciplinary or legal proceedings.

733.2 POLICY

Qualified health care professionals of this facility are generally prohibited from participating in the collection of forensic evidence or performing psychological evaluations for disciplinary or legal proceedings.

Qualified health care professionals of this facility should not be involved in the collection of forensic evidence except when complying with state laws requiring the collection of blood samples from inmates, provided the inmate has consented to the procedure and staff are not involved in any punitive action against the inmate.

Qualified health care professionals of this facility may collect blood or urine for testing for alcohol or drugs when it is done for medical purposes and under a physician's order. Qualified health care professionals of this facility may conduct inmate-specific, court-ordered laboratory tests and examinations or radiology procedures with the consent of the inmate.

Qualified health care professionals of this facility are prohibited from being involved in the following procedures:

(a) Body cavity searches

(b) Psychological evaluations for use in adversarial proceedings

(c) Blood draws for lab studies ordered by the court, without inmate consent

(d) Any medical procedure, except emergency lifesaving measures, that does not have the inmate's written consent

It shall be the responsibility of the Sheriff or the authorized designee to arrange for appropriately trained professionals to collect forensic evidence for disciplinary or legal proceedings.

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Oral Care

734.1 PURPOSE AND SCOPE

The intent of this policy is to ensure that inmates have access to dental care and treatment for serious dental needs. While the focus of this policy is primarily on urgent and emergent dental care, as with medical or mental health care, dental care is available based upon patient need.

734.1.1 DEFINITIONS

Definitions related to this policy include:

Infection control practices - Are defined by the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC) as including sterilizing instruments, disinfecting equipment and properly disposing of hazardous waste.

Oral care - Includes instruction in oral hygiene, examinations and treatment of dental problems. Instruction in oral hygiene minimally includes information on plaque control and the proper brushing of teeth.

Oral examination - Includes taking or reviewing the patient's oral history, an extra-oral head and neck examination, charting of teeth and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer and adequate illumination.

Oral screening - Includes visual observation of the teeth and gums, and notation of any obvious or gross abnormalities requiring immediate referral to a dentist.

Oral treatment - Includes the full range of services that in the supervising dentist's judgment are necessary for proper mastication and for maintaining the inmate's health status.

734.2 POLICY

It is the policy of this office that oral care is provided under the direction of a dentist licensed in this state and that care is timely and includes immediate access for urgent or painful conditions. There are established priorities for care when, in the dentist's judgment, the inmate's health would otherwise be adversely affected.

734.3 ACCESS TO DENTAL SERVICES

Emergency and medically required dental care is provided to each inmate upon request. Dental services are not limited to extractions. It is the goal of dental services to alleviate pain and suffering, ensure that inmates do not lose teeth merely as a consequence of incarceration and to provide appropriate dental service whenever medically required to maintain nutrition.

Access to dental services should be as follows:

(a) All inmates wishing to see the dentist for a non-emergency issue shall complete a sick call form. Requests should be triaged according to the nature and severity of the problem and should be seen by a dentist according to assigned priority. Inmates

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requesting dental services on weekends or after hours will initially be evaluated by a qualified health care professional and referred appropriately.

(b) If an inmate suffers obvious trauma or other dental emergency, the qualified health care professional may arrange for immediate access to a dentist or may transfer the inmate to an emergency room for treatment.

(c) Inmates who are furloughed or sentenced to work release or another form of community release may see their own dentist pursuant to approval of scheduling arrangements with facility medical and custody staff. The inmate will be financially responsible for any payment. The Office is under no obligation to transport the inmate to this appointment.

(d) Records documenting all dental treatment should be maintained in the inmate's medical record file and retained in accordance with established records retention schedules. Examination results should be recorded on a uniform dental record using a numbered system.

(e) Medications prescribed by a dentist should be administered in accordance with pharmacy procedures and documented in the inmate’s medical record.

(f) Necessary dental services identified by a dentist that are not available on-site should be provided by referral to community resources as deemed necessary by the facility dentist.

734.4 DENTAL CARE OPTIONS

Inmates should be offered a dental screening by a qualified health care professional or a dentist if service is available, otherwise dental issues will be handled on an emergency basis. This dental screening should include an evaluation of the current dental status and instruction on oral hygiene and preventive oral education.

Treatment recommendations following dental screening should be addressed based upon length of incarceration and availability of services.

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Pharmaceutical Operations

735.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures for pharmaceutical operations within the Okanogan County Jail, including procurement, storage, dispensing, administration, and continuity of medications for incarcerated individuals. Pharmaceutical operations shall support patient safety, clinical effectiveness, regulatory compliance, and continuity of care, and shall be coordinated with re-entry planning in alignment with Policy 716 – Re-Entry Coordination and Continuity of Care.

735.1.1 DEFINITIONS

Definitions related to this policy include:

Administration - The act of giving a single dose of a prescribed drug or biological substance to an inmate. Administration is limited to qualified health care professionals and health-trained custody staff members in accordance with state law (RCW 70.48.490).

Controlled substances - Medications classified by the Drug Enforcement Administration (DEA) as Schedule II-IV (21 USC § 812).

Delivery - The act of providing a properly labeled prescription container (e.g., a dated container that includes the name of the individual for whom the drug is prescribed, the name of the medication, dose and instructions for taking the medication, the name of the prescribing physician and expiration dates). Under these circumstances a single dose at a time can be delivered to the inmate, according to the written instructions, by any qualified health care professional or health-trained custody staff member under the provisions of RCW 70.48.490.

Dispensing - Those acts of processing a drug for delivery or administration to an inmate pursuant to the order of a qualified health care professional. Dispensing consists of:

- Comparing directions on the label with the directions on the prescription or order to determine accuracy.
- Selection of the drug from stock to fill the order.
- Counting, measuring, compounding or preparing the drug.
- Placing the drug in the proper container and affixing the appropriate prescription label to the container.
- Adding any required notations to the written prescription.

Dispensing does not include the acts of distributing, delivery or administration of the drug. The function of dispensing is limited to pharmacists and qualified health care professionals.

Distributing - The movement of a drug, in the originally labeled manufacturer's container or in a labeled pre-packaged container, from the pharmacy to a health care services area.

Dose - The amount of a drug to be administered at one time.

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Drug - An article recognized in the United States Pharmacopoeia and National Formulary (USP-NF), the Homeopathic Pharmacopoeia of the United States or any supplement that is intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans. A substance, other than food, intended to affect the structure or any function of the human body.

Pharmaceutical operations - The functions and activities encompassing the procurement, dispensing, distribution, storage and control of all pharmaceuticals used within the jail, the monitoring of inmate drug therapy and the provision of inmate/patient drug information.

735.2 POLICY

It is the policy of this office that pharmaceutical operations meet all federal, state and local legal requirements and be sufficient to meet the needs of the facility population.

The Chief Corrections Deputy or the Sheriff shall consult with one or more pharmacists and one or more licensed physicians or nurses in the course of developing the procedures related to this policy. A copy of the current policy regarding medication management will be provided to the Washington Association of Sheriffs and Police Chiefs (RCW 70.48.490).

735.3 PHARMACEUTICAL OPERATIONS

All medication-related activities shall be overseen by the licensed medical/psychiatric providers prescribing the medications being given and conducted by authorized personnel who have an approved medical license to handle medications, including licensed medical assistants certified and above.

(a) The Responsible Physician, in conjunction with the pharmacist, shall establish a list of all prescription and non-prescription medications available for inmate use.

1. Drugs approved for use in the facility should promote safe, optimum and cost-efficient drug therapy.
2. The list should be periodically updated.

(b) The Responsible Physician, in conjunction with the pharmacist, shall ensure appropriate medication storage, handling and inventory control.

(c) The Responsible Physician shall inspect the pharmaceutical operation quarterly and regularly review charts on medication utilization.

(d) The Responsible Physician shall be responsible for establishing and maintaining a system for the secure storage and accountability of all controlled substances, syringes and needles. A count of syringes, needles and controlled substances shall be taken and verified as correct and documented at the change of each shift by two qualified health care professionals. An incorrect count shall be reported immediately to the Shift Sergeant. Medications shall be stored under proper conditions of security, segregation and environmental control at all storage locations.

1. Medication shall be accessible only to legally authorized persons.
2. Medication and device cabinets (stationary or mobile) shall be closed and locked when not in use.

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3. Controlled substances shall be stored and handled in accordance with DEA regulations.

4. Medication requiring refrigeration shall be stored separately, either in a refrigerator that is locked or in a refrigerator that is in a locked room and is used exclusively for medication and medication adjuncts. The inside temperature of this refrigerator shall be maintained between 36 and 46 degrees. The inside temperature shall be monitored and recorded daily on a refrigerator temperature log.

5. Antiseptics and other medications for external use shall be stored separately from internal and injectable medications.

(e) Medication shall be kept in pharmacist-packaged or the original manufacturer's labeled containers. Medication shall only be removed from these containers to prepare a dose for administration. Drugs dispensed to inmates who are off grounds or are being discharged from the facility shall be packaged in accordance with the provisions of the federal packaging laws (15 USC § 1471 et seq.) and any other applicable state and federal law.

(f) Medication shall be properly labeled with the label firmly affixed to the prescription package. Each label shall indicate the name, address and telephone number of the dispensing pharmacy, in addition to:

1. The medication name, strength, quantity, manufacturer, manufacturer's lot number or internal control number and expiration date.

2. Directions for use, dispensing date and drug order expiration date. Accessory or cautionary labels shall be applied as appropriate.

3. In cases where a multiple dose package is too small to accommodate the prescription label, the label may be placed on an outer container into which the multiple dose packages are placed.

(g) Medication that is outdated, visibly deteriorated, unlabeled, inadequately labeled, discontinued or obsolete shall be stored in a separate secure storage area and disposed of in accordance with the following requirements:

1. Controlled substances shall be disposed of in accordance with the state and federal regulations.

2. Unused, outdated or discontinued doses or excess inventories of non-controlled drugs that have not been in the possession of the inmate shall be returned to the pharmacy for disposition.

3. Returned, non-controlled substances that have been in the possession of the inmate, unclaimed personal medication collected at intake or individual doses of medication removed from the original pharmacy packaging shall be destroyed at the facility by health services staff and placed in the medical waste disposal system.

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4. Pharmaceutical waste shall be separated from other types of medical waste for handling and disposal purposes, and will be discarded in designated containers distinctly identified for medical waste.

(h) All medication preparation, storage and administration areas shall be clean, organized, illuminated, ventilated and maintained at an appropriate temperature range. Any mobile medication cart that is not being used in the administration of medication to inmates shall be stored in a locked room that meets similar requirements.

(i) Current drug reference information, such as a Physician's Desk Reference (PDR) or an approved website, shall be available to staff.

(j) An annual report on the status of the pharmaceutical operation will be prepared by the pharmacist and provided to the Responsible Physician and the Chief Corrections Deputy.

735.4 DISPENSING AND ADMINISTRATION

All medications shall be prescribed in a safe and effective manner for clinically appropriate reasons and documented in the individual patient medical record. Records shall be retained in accordance with established records retention schedules. Medications shall be dispensed and administered pursuant to the provider's orders and established medication administration protocols. Certified Medical Assistants and other authorized personnel may administer medications under supervision and within scope of training and competency.

(a) Any medication prescribed by a qualified health care professional shall specify the drug name, strength, dose, route, frequency, discontinuation date and indication for use if the medication is intended to be used as needed. Medication shall not be prescribed for an indefinite period. The qualified health care professional shall review medication regimens at specified time intervals. An order to continue or discontinue any medication shall be documented in the medical record, which will supersede any earlier orders for that medication. A physician's signature shall be required on all verbal orders within 72 hours of the order.

(b) Any medication prescription that is not complete or is questionable shall not be prepared until clarification is received from the qualified health care professional. Staff shall make an effort to obtain prescription clarification in a timely manner.

(c) Medication shall only be ordered upon approval of the Responsible Physician. Medication shall be prescribed and ordered from the facility list of approved medications unless the Responsible Physician approves otherwise.

(d) Some inmates may be permitted to possess and self-administer some medications when monitored and controlled, in accordance with this policy.

(e) Apparent adverse drug reactions shall be recorded in the inmate's health record by the qualified health care professional.

(f) The qualified health care professional shall notify the Shift Sergeant of all known medication errors in a timely manner. Medication error reports shall be completed on all known medication errors.

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735.5 MONITORING AND QUALITY ASSURANCE

Pharmaceutical operations shall include monitoring for medication effectiveness, adverse events, errors, and diversion. Medication processes shall be reviewed as part of quality improvement and clinical performance enhancement activities.

735.6 CONTINUITY OF CARE AND RE-ENTRY COORDINATION

When an inmate receiving medications is identified as having ongoing medication needs at or near the time of release, if the inmate is not in Re-Entry benefits, staff shall initiate referral to the Re-Entry Coordination process outlined in Policy 716. Re-entry coordination shall support continuity of medications, prescription planning, and linkage to community or tribal pharmacies and providers when feasible.

735.7 TRAINING

All health-trained custody staff members authorized to deliver, administer and provide medication assistance shall be trained pursuant to the provisions of RCW 70.48.490 prior to engaging in any tasks related to delivery or administration of medication (RCW 70.48.490).

735.8 AUTHORITY AND DOCUMENTATION

All pharmaceutical operations activities shall be documented in the inmate's health record and associated medication logs. Clinical decisions shall remain the responsibility of licensed medical/psychiatric providers. Nothing in this policy shall supersede custody authority, security operations, or clinical judgment.

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Release Planning

736.1 PURPOSE AND SCOPE

This policy establishes mandatory procedures for release planning for individuals incarcerated in the Okanogan County Jail. Release planning shall ensure coordination between custody, medical, behavioral health, and re-entry services to promote public safety, continuity of care, and successful community reintegration. This policy shall be implemented in alignment with Policy 716 – Re-Entry Coordination and Continuity of Care.

736.1.1 DEFINITION

Definitions related to this policy include:

Release planning - The process of providing sufficient resources for the continuity of health care to an inmate before his/her release to the community.

736.2 POLICY

The qualified health care professional should work with correctional staff to ensure that release planning for all inmates when operationally feasible. Release planning shall begin as early as practicable during incarceration and shall include coordination with medical, mental health, substance use disorder, and re-entry personnel as appropriate.

736.3 PREPARATION FOR RELEASE

Upon notification of the imminent release of an inmate who has been identified as having serious medical or mental health needs, release planning shall include the following:

(a) Custody staff shall coordinate with medical, behavioral health, and re-entry personnel regarding anticipated release dates when known.

(b) Re-Entry Coordination; Inmates identified as having ongoing medical, mental health, psychiatric, or substance use disorder needs shall be referred to the Re-Entry Coordination process outlined in Policy 716. Participation in re-entry services shall be voluntary and subject to inmate consent.

(c) Continuity of Care; Release planning shall include continuity of prescribed medications, scheduling of follow-up appointments when feasible, benefits verification or reactivation, and referral to community-based or tribal service providers as appropriate.

(d) Documentation; Release planning activities shall be documented in accordance with applicable law and jail policy.

736.4 RELEASE PLANNING RECORDS

All records of community referrals, transfer forms, logs, documentation of release planning, lists of medication provided, records release authorization forms and any other relevant documents shall be maintained in the inmate’s health file and retained in accordance with established records retention schedules.

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736.5 AUTHORITY AND LIMITATIONS

Nothing in this policy shall supersede custody authority, security operations, or clinical decision-making by licensed health care professionals.

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Privacy of Care

737.1 PURPOSE AND SCOPE

This policy recognizes that inmates have a right to privacy and confidentiality regarding their health-related issues. It also recognizes inmates' right to health care services that are provided in such a manner as to ensure that privacy and confidentiality, and encourage inmates use and trust of the facility's health care system.

737.1.1 DEFINITION

Definitions related to this policy include:

Clinical encounters - Interactions between inmates and health care professionals involving a treatment and/or an exchange of confidential health information.

737.2 POLICY

It is the policy of this office that, in order to instill confidence in the health care system by the inmate population, all discussions of health-related issues and clinical encounters, absent an emergency situation, will be conducted in a setting that respects the inmate's privacy and encourages the inmate's continued use of health care services.

737.3 CLINICAL EVALUATIONS

Emergency evaluations and rendering of first aid should be conducted at the site of the emergency, if reasonably practicable, with transfer to the medical clinic or emergency room as soon as the inmate is stabilized.

Inmates shall have a same-sex escort for encounters with an opposite-sex qualified health care professional or health-trained custody staff member, as appropriate.

Custody personnel should only be present to provide security if the inmate poses a risk to the safety of the qualified health care professional or others.

737.4 REPORTING INAPPROPRIATE ACCESS OF MEDICAL INFORMATION

The Chief Corrections Deputy and the Responsible Physician shall establish a process for staff, inmates or any other persons to report the improper access or use of medical records.

737.5 TRAINING

All corrections personnel, interpreters and qualified health care professionals who are assigned to a position that enables them to observe or hear qualified health care professional/inmate encounters shall receive appropriate training on the importance of maintaining confidentiality when dealing with inmate health care. The Corrections Chief shall be responsible for scheduling such training and for maintaining training records that show the employee attended, in accordance with established records retention schedules.

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Attachments

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We're big fans of chocolate chip cookies, and these are the best of the best! Our Ultimate Chocolate Chip Cookies are sure to impress cookie connoisseurs everywhere—slightly crispy on the outside and perfectly chewy on the inside, it's no wonder these cookies are top-rated by hundreds of satisfied home bakers. Whip up a batch of Ultimate Chocolate Chip Cookies to hand out to family or friends, and get ready for the compliments to roll in!

by Betty Crocker Kitchens

Updated Mar 28, 2023

Ingredients

- 2 1/4 cups Gold Medal™ all-purpose flour
- 1 teaspoon baking soda
- 1/2 teaspoon salt
- 1 cup butter, softened
- 3/4 cup granulated sugar
- 3/4 cup packed brown sugar
- 1 egg
- 1 teaspoon vanilla
- 2 cups semisweet chocolate chips
- 1 cup coarsely chopped nuts, if desired

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Body_Scanner-1.pdf

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Body Scanner

518.1 PURPOSE AND SCOPE

The Tek 84 Intercept body scanner will be used to deter and prevent illegal contraband such as drugs and weapons, from entering or remaining within Jefferson County Jail facilities. The body scanner may be used to scan recent arrestees, housed inmates, self-reports, and/or their property.

518.1.1 DEFINITIONS

Definitions related to this policy include:

Body Scan: X-ray technology used to produce an image revealing the presence of contraband concealed on or inside of a person.

Body Scan Device: Also referred to as a body scanner, is a stationary system for obtaining full height, radiographic images of a person to detect weapons, explosives, drugs, and contraband concealed under the clothes, swallowed, or hidden in anatomical cavities of the human body without causing harm to the scanned person.

X-ray: Also referred to as X-radiation, is a form of electromagnetic radiation similar to light but of shorter wavelength and capable of penetrating solids.

Radiation: The process in which energetic particles or waves travel through a medium or space. There are two distinct types of radiation; ionizing and non-ionizing. X-radiation is an ionizing radiation.

Radiation Survey: Measurement of the X-Radiation.

Exposure: The amount of ionizing radiation that strikes living or inanimate material. The Federal Drug Administration definition is found at 21 CFR 1020.40(b)(5).

Dose: The quantity of radiation absorbed.

Micro Sievert (uSv): A unit of measurement for a dose of radiation.

518.2 POLICY

It is the policy of this office to utilize a Tek 84 Intercept body scanner in the Jefferson County Jail to reduce the introduction of contraband, intoxicants, drugs, and weapons. These items pose a significant risk to the safety and security of staff, inmates, volunteers, contractors, and the public. The Tek 84 Intercept body scanner is a tool to help maintain the safety of our staff, inmates, the public, and the security of our facility. It may be used to scan inmates' persons and/or inmates' property for contraband.

518.3 REQUIREMENTS

The following requirements apply to use of the Tek 84 Intercept body scanner:

(a) Only authorized personnel may view the body scan monitors or images produced by the body scanner. The monitors shall not be in an area viewable to inmates. Arresting

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officers may view the scan if the arrestee is suspected of concealing contraband and is medically refused.

(b) Whenever possible, all persons conducting or otherwise present in the monitor viewing area shall be of the same sex as the person being scanned. Exceptions may include preference accommodations or identifying an anomaly, training, or emergency.

(c) Body scans shall never be used as a punitive measure against an inmate.

(d) Body scans do not take the place of pat down searches or Strip searches when facts exist to warrant a Strip search.

518.3.1 PACEMAKERS AND MEDICAL DEVICES

There is no FDA published material indicating the use of the body scanner will adversely affect implanted medical devices, such as a pacemaker. The presence of such a device should not preclude the use of the scanner, unless other circumstances known to medical staff or jail staff indicate otherwise.

Some insulin pumps, such as the Medtronic 600/700 series, are not recommended to go through a full body scanner by the insulin manufacturer. The device would need to be disconnected and removed prior to scanning.

518.3.2 PROHIBITED OR RESTRICTED USE

The following people should not be scanned without Corrections Sergeant, Medical or Superintendent approval:

Disabled Inmates: Persons who have a disability that prevents the use of the Scanner shall be afforded reasonable accommodation. Searches shall be thorough and professional, with safety and security being the paramount concern. In addition, the Garrett Security wand may be utilized to search the person.

Pregnant Inmates: Body scan devices shall not be used to scan arrestees or inmates who are known or alleged to be pregnant under any circumstances. A statement by the arrested person or inmate that she is pregnant is sufficient for officers to assume the subject is exempt from the body scan. Prior to scanning a female arrestee or inmate, the officer performing the scan shall ask the arrestee/inmate if they are pregnant. If pregnancy is not obvious and there is a suspicion the inmate is alleging pregnancy to avoid being scanned, the pregnancy can be verified by Medical personnel. Pregnancy tests will be completed by Medical staff. If Medical staff advise the female is not pregnant, the arrestee may be scanned with the body scanner. This will only occur if the negative test result is revealed before the female is housed.

518.4 USE OF THE BODY SCANNER

Inmates that have been housed into the inmate population may be scanned any time there is a belief they may have concealed weapons, drugs, or contraband on or in their body, as long as they do not meet one of the above listed exceptions.

The scanner may be used to scan any item belonging to an arrestee or inmate who is booked into or housed within the Jefferson County Jail. Scanning an arrestee’s property may be conducted

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when articulable facts exist to believe the contents of the property may pose a risk to the safety or security of the facility. Use of the scanner to inspect the contents of packages or articles not belonging to an arrestee or items that will not be stored inside the jail property room will not be conducted absent clear legal authority to do so. The purpose of the scanner is to prevent contraband from entering the facility and to detect weapons, drugs, and contraband possessed by inmates within the facility or hidden within their property. The body scanner does not take the place of a pat search or Strip search when facts exist to warrant a strip search.

518.4.1 UNCOOPERATIVE ARRESTEES OR INMATES

Arrestees or inmates who refuse to cooperate with the scanning process will, at a minimum, be placed into a holding cell where their activities can be monitored.

The arrestee may be accepted into custody and booked but will remain in the holding cell until they have been scanned or a strip search for weapons, drugs, or contraband has been conducted.

518.5 INTAKE SCAN PROCEDURES

All arrestee intakes will be scanned using the following procedures:

(a) The arrestee will be subject to a pat search in the Salle Port by the arresting agency.

(b) Upon entering the jail, a Corrections Deputy will then remove arrestee's property including extra clothing, belts, items in pockets, and shoes and conduct another pat search.

(c) Following removal of all property, the arrestee will be escorted to the body scanner and instructed to hold their shoes while being scanned. If anomalies are detected the inmate is to remain in the body scanner until the anomaly determined.

(d) If the arrestee is suspected of concealing contraband in his/her shoes, the officer should scan the shoes separately to avoid potential use of a weapon or destruction of evidence.

(e) The arrestee will be scanned by the body scanner.

(f) The intake will continue if no anomalies are detected. If anomalies are detected refer to the DETECTION OF CONTRABAND section of this policy for further directions.

(g) The scan will be assigned to that arrestee on the Tek 84 Intercept scanner software.

518.5.1 INTOXICATED ARRESTEES

Care should be exercised when scanning persons who demonstrate an acute level of intoxication to such an extent that standing, or remaining still for the duration of the scan might not be possible. If the person demonstrates objective symptoms of intoxication to an extent that their safety may be compromised, then the scan should be delayed to a later time and or pat searched done. Once they are searched they will remain in a segregation cell and scanned when safe to scan the arrestee.

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518.5.2 DOCUMENTATION
If an arrestee is refused admittance, the officer who performed the scan shall initiate an incident report in New World and forward to the Corrections Sergeant and the Jail Superintendent. The report shall at minimum document:

(a) The reason for the refusal.

(b) A description of the suspected contraband.

(c) An approximate area where the suspected item appeared to be located.

(d) The scan number associated to the scan.

518.5.3 SELF-SURRENDERS
Inmates who have turned themselves in on a commitment will be scanned in the same manner as a fresh arrestee.

518.6 HOUSED INMATES
Unless prohibited or restricted as noted in the PROHIBITED OR RESTRICTED USE section of this policy, all inmates may be scanned any time there is a belief they may have concealed weapons, drugs, or contraband on or in their body.

Considerations that ***may*** warrant use of the scanner for housed inmates:

(a) Inmates returning from court, outside medical appointments, third party contacts, work details, inmate transfers to or from other institutions where inmates may have had access to weapons, drugs, or contraband.

(b) Inmates within housing units that demonstrate signs or symptoms of drug intoxication.

(c) Housed inmates who are the subject of a jail or criminal investigation involving weapons, drugs, or contraband.

(d) Confidential Informant information that indicates a specific inmate is concealing weapons, drugs, or contraband.

(e) Other information known to any staff member that would indicate an inmate, or group of inmates, may be in possession of weapons, drugs, or contraband.

518.6.1 INMATE PROPERTY
Any property located in inmate housing may be scanned at any time, and for any reason. Inmate property located in a jail property bag may be scanned when staff has information to believe articles within the property bag may contain contraband that would pose a risk to this facility if not recovered, a risk to another institution if the inmate is transferred, or a risk to the general safety of the public if the inmate is released.

518.7 DETECTION OF CONTRABAND
If a scan reveals an object that is clearly identifiable or suspected to be a weapon, drugs, or contraband, the following procedures shall be followed:

(a) The arrestee will be secured in restraints and placed under constant supervision.

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(b) Corrections Sergeant or Jail Superintendent shall be notified.

(c) The arrestee will be pat searched again with special attention placed on searching the clothing around the detected item.

(d) If the object appears to be in a body cavity, the arrestee will be asked to remove the object. If the arrestee agrees to remove the item, a private room or area will be utilized. Any evidence removed will be provided to the arresting agency.

(e) If the arrestee refuses to remove the object, or the object appears to be in a location where an intrusive medical procedure would be required, Jail Medical staff, Corrections Sergeant and Jail Superintendent will be notified.

(f) If determined by Jail Medical staff that the object presents a medical threat to the health or welfare of the inmate or can't be removed without intrusive medical procedures, the arrestee will not be accepted for booking. The arrestee will be released back to the arresting agency.

(g) If contraband is detected, but not deemed to be a medical threat, the inmate will be housed in a dry cell (segregation or crisis cell). If housed in segregation the water will be turned off to avoid the inmate from flushing the contraband.

(h) Jail staff will provide a copy of the image to the arresting officer. The arresting officer will be required to obtain a medical clearance before accepting the arrestee.

(i) Nothing in this policy prevents staff from conducting more than one scan of an inmate or arrestee to ensure all possible contraband has been detected.

(j) If contraband is located the scan will be marked "Suspect".

518.7.1 PRESERVATION OF IMAGES

In the event weapons, drugs or contraband items are detected. The shift Sergeant will be notified of the detection and appropriate steps will be taken to preserve the image if needed as evidence for a criminal prosecution. Sheriff's Office protocols for booking evidence will be utilized for criminal cases handled by the Sheriff's Office. If the evidence is being provided to another agency, that agency will be responsible for documenting chain of custody and preservation of the image (digital or print). When contraband is recovered as a result of the scanner, a New World report will be generated and the scan number shall be notated in the incident report.

518.8 TEK 84 INTERCEPT BODY SCANNER SYSTEM SAFETY AND OPERATING PARAMETERS

The following provisions shall be adhered to by all staff:

(a) Only trained operators shall use the scanner.

(b) No staff member should remove any access panel or cover during operation or when the system is powered.

(c) All panels and covers must be in place before the system is connected to power.

(d) No covers or panels shall be removed or opened except by Tek 84 approved personnel.

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(e) If liquids are spilled on the unit, the machine should be powered off, the spill should be cleaned, and staff should call for assistance from Tek 84 approved personnel.

518.8.1 FAILURE OF SAFETY FEATURES

The safety features referenced are required to operate the system. Should any of these features become inoperable, the operator of the body scan device shall:

(a) Shut down the body scan device and unplug the machine.

(b) Immediately notify his/her supervisor.

The supervisor will notify the Jail Superintendent. The Corrections Sergeant or Jail Superintendent will contact a contracted vendor to make any repairs as necessary.

518.8.2 ANNUAL SERVICING AND SURVEY OF BODY SCAN DEVICES

The calibration and annual maintenance of the body scanner and radiation survey will be performed only by persons and contractors authorized to perform such services. Refer to the Tek 84 Interceptor Operations Manual for detailed service tasks. The device shall be serviced at least once every year which shall include a radiation survey. Records of these inspections shall be maintained by the Corrections Sergeant assigned.

518.8.3 RADIATION SURVEY

An annual radiation survey shall be performed on the Tek 84 Intercept:

(a) Upon installation of a new body scanner;

(b) At intervals not exceeding one year;

(c) Upon relocation of an existing unit;

(d) Immediately following any service that could potentially increase the system output.

This survey shall only be performed by persons or contractors authorized to perform this service.

518.8.4 RADIATION SAFETY

Although body-scanning technology exposes an individual to radiation, the amount of exposure is well within the safe limits outlined in federal guidelines. The maximum safe annual exposure limit is 250 uSv. In scale, an individual would have to be screened more than 1,000 scans a year, or roughly 3 per day, to exceed the acceptable safe exposure limits. In perspective, the average member of the public is exposed to 0.25 uSv every hour on Earth (dependent upon elevation). Eating one banana produces 0.1 uSv, flying from coast to coast will exposure an individual to 20 uSv, and a mammogram delivers about 40 uSv.

Tek 84 Intercept Dose Specifications:

- General-use: 0.25 uSv per scan, substitutable for daily screening.
- Limited-use: up to 3.0 uSv per scan, suitable for weekly screening.

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Effective dose to subject measured in accordance with ANSI/HPS N-43-17-2009. Complies with ANSI/HPS N43.17.2009 (Body Scanner Safety) and ANSI/IEEN42.47-2010 (Body Scanner Image Quality).

518.8.5 SAFETY OF STAFF AND BYSTANDERS
Staff or bystanders who may be pregnant or have confirmation of pregnancy shall not operate or be in the proximity of the Tek 84 Intercept body scanner during use.

518.9 STAFF TRAINING

Body scan device operator training shall minimally consist of:

(a) **Radiation Safety**: Types of radiation; sources and magnitudes of common exposures; units of measurement; time, distance, and shielding; concept of "As Low as Reasonably Achievable (ALARA)"; and biological effects of radiation and radiation risks.

(b) **Product Operation**: Transmission imaging concept; location and use of controls and indicators; starting and shutting down the system; positioning subjects; awareness and control of inspection zones; and interpreting images.

(c) **Emergency and Safety Procedures**: Physical security to prevent unauthorized use; the danger of disassembling or modifying the apparatus; and procedures if the product malfunctions.

(d) **Dealing with Subjects**: Information to be provided to each subject; locally determined protocols for examining subjects.

(e) **Supervised Practical Operation**: Proficiency shall be demonstrated at the conclusion of the training. Refresher training should be provided at least once every twelve months.

NOTE: No employee shall operate a body scan device without first successfully completing proper training.

518.10 EMERGENCY PROCEDURES

If an emergency situation occurs, the body scan device shall be powered off and the appropriate personnel shall be notified in accordance with the system check requirements.

NOTE: If the control panel is not accessible or functioning, the main power breaker for the system must be shut off and/or the unit should be unplugged immediately.

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